

Pennsylvania Highlands Community College
Mileage Expense Form

Name: _____

Date: _____

Mileage will be reimbursed at .70/mile

Date	Purpose For Travel	From	To	Miles	\$\$ Amount
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
			Total		0.00

ACCOUNT NUMBER

Signature: _____

Approval: _____
 Supervisor

Approval: _____
 Associate Vice President of Finance

revised 1/24/22