CCE Policy on Reimbursing Students for Mileage

Updated: 1-23-14

Using the Service Shuttle, GRTC, and/or Zipcar for transportation to service sites is a priority. Mileage reimbursement from the CCE is only available to students who have financial need and are not receiving other forms of reimbursement. If you are already receiving a reimbursement from the Bonner Scholars Program or for use of a Zipcar for course-related civic engagement, you are not eligible for this mileage reimbursement.

When the service shuttle and GRTC buses are not available for a specific site or time, the CCE will reimburse for mileage any student or student group who is engaged through the CCE in ongoing engagement activities, up to $50.00 per semester (per student). The CCE will only reimburse the driver of the car. Reimbursements may be given to the driver of a Zipcar, at the same rate.

Students who intend to submit for reimbursement must:

1. Fill out supporting documentation for the CCE, which includes getting the site supervisor’s signature (one time)
2. Fill out the University’s check request form. See page 3 for instructions on completing this form.

Students must submit all of this documentation to the CCE (Commons 201) by 5:00p.m. on the last day of classes each semester.

If you have volunteered with more than one organization, please complete two separate documentation forms, but total the mileage onto one check request form.

If you have any questions about this process, please contact your CCE program manager or Jess Hofbauer, administrative coordinator, at 484-1601.

The University’s current reimbursement rate is $0.515 per mile.
Supporting Documentation for Mileage Reimbursement from CCE

Student Name: ___________________________________________________________

Organization/Site Name: ___________________________________________________

Primary reason for visits to this organization:

<table>
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<tr>
<th>Date</th>
<th>Number of people in car</th>
<th>Mileage</th>
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Total Mileage: ______________________

Site Supervisor name (please print): _______________________________________

I certify that this person has engaged regularly with my organization:

(Site Supervisor Signature) ____________________________________________________________________________ (Date)

By signing this form, I certify that the numbers above are accurate, that the Service Shuttle and GRTC buses don’t go to this site at the times I require, and that I am in compliance with the University of Richmond Honor Code.

(Student Signature) ____________________________________________________________________________ (Date)
UNIVERSITY OF RICHMOND
CHECK REQUEST

Please Note: The University does not reimburse for receipts older than 90 days.

Date: 07/16/2009

Payee Name: [Your Name Here]

Address: [Your Campus Mailbox # or Mailing Address Here]

UR ID (employee/student)
Please DO NOT put the SSN for UR employees or students. UR ID is required.
OR
Federal Tax ID, SSN, UR ID or ITIN
(For outside vendors, ONLY)

Payee Status: [ ] Outside Vendor (federal taxpayer id, SSN, or UR ID is required) [ ] University Employee (for service payments, the request must be sent to Human Resources and not Accounts Payable) [ ] University Student (for UR students, requests for service payments must be sent to the STUDENT EMPLOYMENT OFFICE and not Accounts Payable)

**US Citizen (or Resident Alien) [ ] Yes [ ] No

For any payments made to a foreign person or company, for honoraria, speaking, lecturing, performing, or any other type of service, the completed check request form, along with required documentation, must be forwarded to International Education before payment can be made. Payment may take as long as 30 days. See Controller’s Office website for further information.

Index | Account Code | Amount |
-------|--------------|--------|

Business Purpose (required):

Write “CCE Mileage Reimbursement” here

Requestor’s signature: ____________________________  Requestor’s printed name: ____________________________

Payee’s Signature: ____________________________  Sign Here

Name of Originating Dept: ____________________________  Contact Phone No. ____________________________

Approver’s Signature: ____________________________  Number of person to contact for questions about request ____________________________

Approver’s Title: ____________________________

Procedures:
All check requests require an approval signature. Two signatures (the payee’s signature and the approver’s signature) are required on reimbursement requests for UR employees or students. All requests must include an explanation for the expense. All requests must have supporting documentation. Reimbursement requests must include original receipts and may not be older than 90 days. Receipts must include store/company name and date of the expense. Please tape/glue all receipts smaller than 5x7 to an 8½ x 11 sheet of paper (for scanning). If no receipt is available, please attach the Missing Receipt form (available on Controller’s website) if the item is for $25 or more. If less than $25, attach a note explaining why the receipt is missing. If a payment is being made to an individual for performing a service, an Employee-Independent Contractor checklist (available on Controller’s website) must be attached (if not already on file with Accounts Payable), and the documents must first be sent to Human Resources for approval.

Revised 7/09

Calculate the total amount due by multiplying the number of miles by the mileage rate.

Put an X in the appropriate box

Leave this section blank