

# PERKINS ACT – MILEAGE REIMBURSEMENT FORM

Print Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

**Only one instructor signature is required per day of attendance.**

Wk#	Date	Course Code, Number, and Section	Miles	Instructor's Signature to Verify Attendance (must be full signature, in ink)
S				
M				
T				
W				
Th				
F				
S				

**I certify that I have completed the above honestly, and to the best of my knowledge it is correct.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

(Based on MapQuest distance, Perkins allows \$0.35 per mile driven and reimburses every \$25 of use)

Miles this Sheet: \_\_\_\_\_ + Carry-Over: \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

This Reimbursement: \$ \_\_\_\_\_ Benefit to Forward: \$ \_\_\_\_\_

Last four digits of gas card(s): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Perkins Approval

\_\_\_\_\_  
Date