BARTON COUNTY COMMUNITY COLLEGE
MILEAGE REPORT FORM

Directions: Please complete and return this form for your mileage reimbursement. Mileage report forms should be sent to your Program Coordinator in care of Barton County Community College, Community Education, 245 NE 30 RD, Great Bend, KS 67530.

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE PAYMENT WILL BE MADE.

FORMS SHOULD BE SUBMITTED NO LATER THAN TWO WEEKS AFTER THE LAST CLASS SESSION.

Social Security #: _____ **Course Title**: _____

Name: _____ **Location**: _____

Address: _____ **Class Date**: _____

_____

DATE	TRAVELED FROM	TRAVELED TO	MILES ONE-WAY	MILES ROUNDTRIP

Date Submitted: _____ **Signature:** _____

FOR OFFICE USE ONLY

Total number of trips _____ **Total miles** _____

Total miles per round trips X _____ **Per mile reimbursement** _____

Total miles **=** _____ **Total amount due** _____