

# Mileage Request/Removal

Name \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_ Employee ID \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Bargaining Unit \_\_\_\_\_  
(Driver's license number must be provided) (Two-digit number)

## Mileage reimbursement is based on BU Contract or Administrative Code, Ch. 33.

Type I – Occasional Driver \_\_\_\_\_ \$4.00/Day Car Driven + 20¢/Mile

\_\_\_\_\_ IRS Rate

Type II – Regular Driver \_\_\_\_\_ \$4.00/Day Worked + 20¢/Mile

\_\_\_\_\_ IRS Rate

Elected Official Plan \_\_\_\_\_ \$140.00/Month

Effective Date \_\_\_\_\_ Add  Remove

Justification to Receive Mileage \_\_\_\_\_

(Justification Required)

Account Codes:

\_\_\_\_\_  
Ledger

\_\_\_\_\_  
Fund

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Object

\_\_\_\_\_  
Project

(Check with Accountant for Proper Coding)

Employee \_\_\_\_\_

Supervisor \_\_\_\_\_

Department Director \_\_\_\_\_

Submit completed form to:  
Office of Financial Services  
700 City Hall