Public Policy Analysis
Mileage and Expense Reimbursement Form

Name: _____Student ID #_____

_____ Direct Deposit set up?

Mileage (all driving begins at and returns to Pomona College & attach a Google Map or MapQuest map):

Date	Destination	Reason for Travel	
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
		Total Miles	

(Multiply total miles by 65.5 cents per mile to determine reimbursement amount.) Sub-total, **Mileage** $ _____

Other expenses such as Metrolink, bus, parking (attach all receipts):

Date	Type of Expense	Reason for Expense	Amount

Subtotal, **Other Expense** $_____

Total request $_____

Your signature: _____   Date: _____

Your printed name: _____

PPA Authorization: _____   Date: _____

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