



CISCO COLLEGE

Cisco College
Faculty Mileage Reimbursement for teaching off campus

Name of Employee _____

Budget Number _____

Home Campus (circle one) Cisco Abilene

Travel to: _____

Dates of travel	Miles		Total mileage due
		x .50	\$

Total mileage reimbursement due to employee: \$

Address for check to be mailed

Mailing address

City, State, Zip

Employee Signature _____ Date _____

Approver Signature _____ Date _____

Note - mileage reimbursement for teaching away from home campus should be submitted on a monthly basis.