



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 .40	\$

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.