

BSA TROOP 497

MILEAGE REIMBURSEMENT REQUEST

Name _____

Date of Request _____

How would you like to be reimbursed?

Check

Credit family account

Date of Trip _____

Location _____ Miles

Did you drive both to and from camp?

Yes

No

Did you pay for any tolls?
(please attach toll receipt)

If Yes please add amount

Total Miles

Reimbursed Amount \$ -

Tolls

Total Amount Due \$ -

Notes:
The current approved mileage rate is \$.50 per mile
Mileage is reimbursable only for individuals that pull a troop trailer to and or from a camping trip
if check is requested please allow two weeks to be paid

Signed _____

Print Name _____