

**SDSU RESEARCH FOUNDATION
MILEAGE REIMBURSEMENT REQUEST 2024**

SDSURF Inv#

Check: Mailed to payee's address below

DE by:

Check One:

Direct Deposit: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request

Please complete all items below and attach appropriate documentation. Sample signatures of authorized approving representatives must be on file at SDSU Research Foundation and must agree with signatures on this request. Forward completed document to SDSU Research Foundation Sponsored Research Administration, MC1934.

Payee's Legal Name:

Address Line One:

Address Line Two:

City:

State:

Zip code:

Phone:

SDSU E-mail:

Other E-mail:

Are you an employee or student of SDSU or SDSU Research Foundation

Yes

No

If yes, enter SDSU Employee ID Number:

This form is to be completed at least monthly and pertains only to private vehicle mileage. **Please provide a detailed listing of your mileage on page 2 of this form and enter the applicable mileage rate in the box below.** "Total Claim" is number of miles times rate per mile plus additional parking and tolls paid. Note: If a funding agency has more restrictive travel rates than SDSU Research Foundation's, the agency rates must be used.

Current approved SDSURF rate effective January 1, 2024 = \$.67 per mile

Prior approved SDSURF rate effective 01/01/2023 through 12/31/23 = **\$.655** per mile

NOTE: Other rates may apply based on grant restrictions and/or may be less than the IRS approved rates.

ENTER RATE USED: **\$.670 Per Mile**

MILES CLAIMED (from page 2):

PARKING/TOLL (from page 2): \$

TOTAL CLAIM: \$

I hereby certify that the above is a true statement of my SDSU Research Foundation business travel. If claiming an exception based on travel outside the metropolitan area, I certify that the mileage I am claiming is in excess of the number of miles I would normally drive between my residence and my normal place of work. If claiming a "home office" exception, I have attached my Certification of Eligibility for Reimbursement of Automobile Mileage – Office in Home form.

I also certify that I, 1) have a valid California driver's license, 2) have a current vehicle registration, 3) am covered by liability in at least the minimum amount prescribed by State law, and 4) my vehicle is in safe mechanical condition as required by State law.

Payee Signature:

Date:

ACCOUNTING DISTRIBUTION				
Fund		Account	%	Or \$ Amount

CHECK TOTAL: \$

Project Signature:

Date:

SDSURF Signature:

Date:

Additional Signature:

Date:

FOR EMERGENCY USE ONLY

Below is for SDSURF Staff use only

CHECK DISTRIBUTION

Vendor ID Number:

Send to:

Vendor Invoice Date:

Check Due Date:

EXT:

Vendor Invoice Number (15 characters may only use once):

