



Tusculum College  
Pre-Authorization for Mileage Reimbursement

Name of Full-Time Faculty/Staff Member: \_\_\_\_\_

Home Campus: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_

Was a College vehicle available for the date(s) specified? \_\_\_\_\_

Estimate of Total Mileage Cost: \_\_\_\_\_

Purpose:

\_\_\_\_\_ Attendance at College function \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Using a College vehicle for the dates specified above is not feasible because:

Authorization Signatures:

Department Chair (if applicable) \_\_\_\_\_

Budget manager (if applicable) \_\_\_\_\_

Vice President \_\_\_\_\_

Office of Finance \_\_\_\_\_

Please attach this completed authentication form to your request for mileage reimbursement when your travel is completed.

All reimbursement for travel must be submitted within 30 days of the event or meeting.