

Local Mileage Reimbursement

Purpose

Local mileage reimbursement is for trips 50 miles or less.

What forms do I need?

(If prompted to open or save, click open. If prompted to enter a password, click cancel.)

- Local Mileage and Travel Reimbursement Acknowledgement Form
- Certification Driver's License And Automobile Liability Coverage

How to get reimbursed for Local Mileage:

1. Every fiscal year, complete the "Travel Mileage Acknowledgment Agreement" and the "Certification of Drivers License and Automobile Liability Coverage" forms. Bring completed forms to Business Services and keep copies for your records. You must present your driver's license and insurance card at Business Services.
2. Complete the "Travel Authorization" form in PeopleSoft Financials>Employee Self Service>Travel and Expenses>Travel Authorization>Create/Modify.
 - A. Attach agenda, synopsis, itinerary or invite to event.
 - B. Attach the completed "Local Mileage and Travel Reimbursement Acknowledgement" and "Certification Driver's License and Automobile Liability Coverage" forms.
 - C. Attach Google or Map Quest mileage information for each destination (from Wright College to your destination and back).
 - D. Be sure that you have a valid funding source.
 - E. You may complete a "Travel Authorization" form for a future month if the trips are already scheduled.
 - F. Do not include the first or last two miles when calculating mileage for each segment of the trip.
3. Complete the "Travel Authorization" form in PeopleSoft Financials>Employee Self Service>Travel and Expenses>Travel & Exp. Reimbursement>Create/Modify.
 - A. The "Travel Authorization" must be uploaded with the attachments.
 - B. Attach all original, itemized receipts.

Notes:

1. "Travel Expense" reports must be submitted within 15 days from your last day of travel.
2. Trips should not exceed 50 miles per day or 1,000 miles per month.
3. Taxi fares (excluding gratuity) may be submitted for local travel reimbursement.
4. Reimbursement of parking fees are limited to \$25 for each segment of travel, with a maximum of 2 segments per day.



Accounts Payable Services

TRAVEL MILEAGE ACKNOWLEDGMENT AGREEMENT

I have read and understand the intent and contents of the Travel Mileage Reimbursement Policy. I understand that I am responsible for abiding by the City of Chicago and City Colleges of Chicago Policies.

I further certify I am in compliance with the Travel Mileage Reimbursement Policy which includes but is not limited to seatbelt usage, cell phone usage, insurance requirements, no city debt and moving/DUI violation restrictions.

Failure to comply with this Policy and related procedures may make me as an employee accountable for any questionable expenditure(s)/documentation that may be subject to disciplinary action up to termination of employment.

Signature/Firma: _____ **Date/Fecha:** _____

Print Name/Nombre escrito: _____
First Middle Initial and Last/Nombre, segundo nombre y apellido

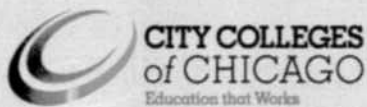
Business Unit/Unidad de negocio: _____

Department/Departamento: _____

I, _____ authorize the above employee to use their personal vehicle while performing business on behalf of the District.

Signature/Firma:

Date/Fecha:



**CERTIFICATION
DRIVERS LICENSE AND
AUTOMOBILE LIABILITY COVERAGE**

I, _____, (please print) An Employee of City Colleges of Chicago, do hereby certify that I have been duly licensed to drive an automobile by the Illinois Secretary of State or other jurisdiction in which I reside, and that I have in force and will maintain automobile liability coverage on my personal vehicle in the form of insurance, or a bond filed with the Illinois Secretary of State or jurisdiction which I reside as proof of financial responsibility, in an amount equal to, or in excess of the following:

- NOT LESS THAT \$20,000 BECAUSE OF BODILY INJURY TO OR DEATH OF ANY PERSON IN ANY ONE MOTOR VEHICLE ACCIDENT.
- NOT LESS THAT \$40,000 BECAUSE OF BODILY INJURY TO OR DEATH OF TWO OR MORE PERSONS IN ANY ONE MOTOR VEHICLE ACCIDENT.
- NOT LESS THAT \$15,000 BECAUSE OF INJURY TO OR DESTRUCTION OF PROPERTY TO OTHERS IN ANY ONE MOTOR VEHICLE ACCIDENT.

I further agree to notify my supervisor in the event my driver's license is revoked or suspended or if I fail to have in force automobile liability coverage as stated above.

ACCEPTANCE

EMPLOYEE SIGNATURE	DATE	Only Business Services Office / District Office Personnel Please verify documents by signing & date	
STREET ADDRESS	CITY, STATE, ZIP		
OFFICE TELEPHONE NUMBER	ILLINOIS DRIVERS LICENSE NUMBER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSURANCE CARRIER	INSURANCE POLICY NUMBER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VEHICLE # 1 MAKE, MODEL YEAR	VEHICLE LICENSE PLATE NUMBER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VEHICLE # 2 MAKE, MODEL YEAR	VEHICLE LICENSE PLATE NUMBER	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REJECTION

I, _____, (please print) am unwilling or unable to certify that I am a duly licensed Illinois driver or that I have automobile liability coverage in an amount equal to or in excess of the requirements stated above. I acknowledge that I am not authorized to use my personal vehicle on official district business nor receive reimbursement for such use. I agree to notify my supervisor that I have not certified I am a duly licensed Illinois driver or have in force the minimum amounts of automobile liability coverage as recited above.

EMPLOYEE SIGNATURE	DATE
STREET ADDRESS	CITY, STATE, ZIP