



ESTABLISHED 1794

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) _____

President's Cabinet member _____

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.