Mileage Reimbursement Form

Date: _____ Rotation_____

Name: _____ PIDM (UIW ID)#:_____

Address:_____

This form is to be used to claim reimbursement for third or fourth year medical students who are travelling more than 50 miles from the UIWSOM campus as measured using the shortest route on MapQuest for *required* (Core) clinical clerkships. (e.g. If travel is 62 miles then 12 miles will be reimbursed each way)

PLEASE REMEMBER THAT REIMBURSEMENT IS FROM POINT OF ORIGIN -UIWSOM

****MAPQUEST MAPS must be included with all mileage logs****

Period Covered: From: _____ To: _____

DATE	# OF TRIPS	ROTATION	DESTINATION	MILEAGE

DATE	# OF TRIPS	ROTATION	DESTINATION	MILEAGE