

## University Supervisor Mileage Reimbursement Instructions

**\*\*\* MUST BE SUBMITTED EVERY 3 WEEKS FROM START OF FIRST TRIP \*\*\***

- 1) Go to <http://finance.uncc.edu/forms> . Items are in alphabetical order. Click on Mileage & Parking Reimbursement. Click on “Open,” not “Save.”

**Make sure you have selected “Mileage and Parking Reimbursement,” NOT “Travel Reimbursement.”**

If you receive a prompt asking you if you want to “enable macros,” say “**YES.**” An Excel spreadsheet will open that says at the top, “UNC Charlotte Request for Mileage and Parking Reimbursement.” Please **do not** save this to your desktop. Open the link each time and fill it in from the website. The form is updated/changed frequently throughout the year and will not be accepted if you have used an old version. By clicking on the link each time, you are guaranteed to have the most current form.

- 2) The mileage form cannot be hand-written. It must be **typed**, printed, and signed. It must have an **original signature**, so it cannot be faxed or copied. You can mail it to Miski at the address below. It cannot be printed in landscape. If additional space is needed, please total mileage on the first page and begin a second reimbursement form. Do not add a continuation sheet to the first page.
- 3) **MapQuest** directions **must be included for each trip** (only one per location), in order to prove mileage. If you have multiple trips for the same place, you only need to have one print-out attached to show mileage for that trip. You will need to submit MapQuest print-outs **EVERY TIME** you submit a mileage reimbursement. (TIP: Make a copy of your MapQuest print-outs the first time and copy them for future trips to the same location). If you are a full-time employee of UNC Charlotte, use **Home** or **UNCC** for departure. All others use **Home** as your departure. Part-time supervisors should complete a Telecommuter Agreement to receive reimbursement from home.
- 4) Mileage rates are as follows:

**When round trip daily mileage does not exceed 100 miles (100 and under): \$ 0.535 / mile**  
**Any daily mileage over 100 miles: \$ 0.17 / mile**

(Please read this article for more information on the change: <http://finance.uncc.edu/news/revised-mileage-reimbursement-policy>).

If you anticipate an upcoming trip over 100 miles, you may email Miski Homenick at [mbeaman@uncc.edu](mailto:mbeaman@uncc.edu) to request a University car in advance. If you are denied a vehicle for that trip, you will still need to claim the reimbursement rate of .17 per mile on the form. Car requests must be handled on a per-trip basis and should be requested at least 5 business days prior to departure.

## **Completing the Mileage Reimbursement Form:**

1) **Top Left Section:**

Fill in your **UNCC ID# (it begins with 800)**, name, home address, city, state and zip. If you do not know your ID#, leave it blank and we will fill it in for you.

2) **Top Right Section:**

The Contact Name is "Miski Homenick". The Contact Phone is "7-8802." The Issuing Dept. is "Field Experiences." Fill in the date you are submitting the form.

3) The three questions at the top of the form (student, U.S. Citizen, and employee), must be answered **yes** or **no**.

4) **Chart:**

Fill in each line across including the **date of departure**, **the place of departure** (see below), **destination** (name of school), Business Purpose should be **student teacher observation**. **Press the tab key to move to the next cell.**

Don't type anything under "parking" unless you had to pay to park. Under mileage, enter your round-trip mileage. Under the rate column, type in **.535 or .17** depending on the length of your trip. (If your trip is over 100 miles, enter 100 miles on the first line @ .535 and enter the remaining miles on a second line @ 0.17). After you type the rate, **press the tab key**, and it should automatically fill in the amount line next to it. It automatically calculates the total at the bottom, as you continue to add lines.

5) **Bottom left section:**

Be sure and sign the "claimant's signature" and add the date!!! **Leave the "Supervisor's Signature" blank – that is for Dr. Frazier to sign. If you do not sign the form, it will be returned to you and delay your reimbursement.**

6) **Bottom right section (Source of Funds):**

The **fund is 101407**. The **account is 925140**. The amount is the total dollar amount of your reimbursement. The total amount under "Source of Funds" does not automatically populate, **please type it in**.

**Attach your MapQuest print-outs and mail or deliver to OFE.**

**Remember, forms cannot be faxed, copied or emailed – they must have original signatures and MUST be typed.**

Be sure the form prints completely on only one page.

Contact info:

Miski Homenick

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