

Student Mileage or Supply Purchase Reimbursement Form

Please complete this form if you used your own vehicle to travel to/from a required Gustavus event. You can also use this form if you purchased an item for research, a course project, or course event.

Full Name:

**Date(s) of Travel
or Date of Purchase:**

Departing Location:

800 W. College Ave. St. Peter MN

**Destination you drove to or
Name of place where purchase was made:**

(Please include street address of destination location.)

**Reason for Travel or
Reason for Purchase:**

Address to mail check to:

(Please only fill in this line if the address where you would like the check mailed is different than your campus address.)

If you purchased an item, please attach the receipt to this form! No receipt is needed for a driving reimbursement.

You will receive your check by campus mail one to two weeks after submitting this form.