



2026 Check Request - Expense Reimbursement Form

For timely processing, within 30 days of incurring the expense, please complete and submit this form to SOWA along with the supporting detail and receipts for expenses to be reimbursed to you.

Payee Signature: _____

Date: _____

Payee Name: _____	Total Reimbursement Amount: _____
Address: _____	City: _____ State: ____ ZIP: _____
Phone: _____	Email: _____
Team Name: _____	Event: _____

Description of expense / purpose of mileage trip	Receipt detail / proof of miles driven	Amount

MILEAGE REIMBURSEMENT GUIDELINES ARE FOR PERSONAL VEHICLES ONLY * PLEASE SUBMIT GAS RECEIPTS FOR RENTAL VEHICLES

Please list each trip above, and provide the **purpose** for each trip along with **proof** of the mileage expense in one of two ways:

- ❖ MAP: Attach a map of the travel showing the miles driven for each trip. Enter miles in the proof of miles driven section above.
- ❖ ODOMETER: Record the beginning and ending odometer readings with miles driven in the proof of miles driven section above.
- ❖ Multiply the miles driven on each trip by **\$0.725** (the **2026** IRS mileage rate). Record the amount above. Round up to nearest penny.

SOWA STAFF USE ONLY		
Print Manager's Name : _____	Manager Signature: _____	
Approval Signature: _____	Date: _____	
GL Code: _____	Funding Source: _____	Class: _____