



The table below is to request mileage reimbursement for travel to clinical rotation sites **that exceed 20 miles one-way**. Please be aware that this increase will be funded by an increase to your federal student loans. **If you wish to have your mileage considered, you must provide a printout of an online map showing the starting address and the ending address and the distance in miles.**

Course #	Clinical Rotation Site	# of Weeks	Start Date	End Date	Mileage to Rotation Site*		
					Miles driven one way	# days per week	# of weeks

By my signature below, I am requesting a budget and loan increase for mileage to my clinical rotation site.

Name (please print): _____

PNWU Student ID: _____

Signature and Date: _____