Watkins Glen Public Library Mileage Reimbursement Policy

Responsibilities outlined in Job Descriptions include both outreach and programming needs that may occur off-site. Employees are eligible to claim mileage reimbursement for work-related travel using their personal vehicle totaling 10 miles or more round trip. Multiple local trips cannot be combined in order to meet 10 miles or more. Employees may not claim mileage for travel when other options are available and the employee chooses to transport themselves. Employees may not claim mileage for their daily commute to and from work.

Employees should use the Mileage Reimbursement Request to document their travels. The starting point should be the location they left from and include total mileage round trip. Employees must request reimbursement within the same pay period as the travel. Cost is calculated using the most current standard IRS mileage rate.

Reimbursement requests must be pre-approved by the Library Director, and for the Director, by the Board of Trustees. In the event the complete Board of Trustees is unavailable, approval may be given by the Board President.

This policy does not apply to mileage reimbursement that is included in grants.

Approved on August 6, 2021

Watkins Glen Public Library Mileage Reimbursement Claim Form

Employees that travel more than 10 miles for work-related activities are eligible for mileage reimbursement. Travel must be pre-approved by the Board of Trustees or Library Director.

Standard IRS Mileage Rate as of January 1, 2021: \$0.560 (Personal Vehicle Standard Rate)

Employee Name:	Today's Date:
Date of Travel:	
Purpose of Travel:	
Starting Address (include city and zip code):	
Destination Address (include city and zip code):	
Amount of miles one-way:	
Total # of miles round trip:	
Cost of travel to be reimbursed:	
Employee Signature	Date
Library Director Signature	Date
Roard of Trustees President or VP Signature (for Director claims on	v) Date

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Destination Address (include city and zip code):	
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Total # of miles round trip:	
Cost of travel to be reimbursed:	
Employee Signature:	
Board President or Vice President Signature:	