

LAKEVIEW COLLEGE OF NURSING
Danville, Illinois 61832 • Charleston, Illinois 61920

2023
MONTHLY TRAVEL FORM

MONTH: _____ NAME: _____

DATE	LEFT FROM	TRAVELING TO	PURPOSE	MILEAGE

****Directions:** This form must be turned in at the *end of each month* for mileage above and beyond traveling to your home LCN campus and home. Travel to and from clinical/community agencies is not reimbursed unless it is out of the norm. Max mileage from campus to campus is 140 miles roundtrip. For any clarification, please contact Karlee Thomen at kthomen@lakeviewcol.edu.

TOTAL MILEAGE @ \$.655 per mile = _____

Supervisor/Authorized Designee Signature: _____