

CLINICAL MILEAGE REIMBURSEMENT
William F. Connell School of Nursing, Boston College

Date Submitted: _____

Last Name: _____ First Name: _____ Eagle ID: _____
 Academic Year: _____ Academic Term: _____

Date(s) of Clinical Travel	Name of Clinical Site	City of Clinical Site	State of Clinical Site	Roundtrip Mileage from BC to Clinical Site	Number of Site Visits
Clinical Site		City	State	Round Trip	
Total Mileage Reimbursement Per mile				\$0.540	
Total Mileage					

****If a clinical site you were assigned is not listed in the Clinical Mileage Guide, please provide MAPQUEST directions from BC to the placement. Please include mileage along with this completed form and it will be added to the guide. Thank you.