NICAL MILEAGE REIMBURSEMENT
William 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	To fr Cli
	Clinical Site	City	State	Round Trip		
					Total Mileage	
		Total Mileage Reimbursement Per mile			**$0.540**	$

****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.