ISBER
Mileage Log

Name: _____ Project(s) to charge: _____

Department: _____ E-Mail address: _____

Campus extension: _____ Send check to: _____
Department or Home Address (write home address in back)

***License Plate #:** _____ Do you have Liability Insurance for your car?*
*(Required for reimbursement) ☐ *Yes* ☐ *No* (Please check one)

Purpose of trip (s): _____

_____

_____

Departure From: (Location)	Date	Time	**Traveled to:** (Location)	Date arrived	Time	Number of **Miles** Driven

Mileage is reimbursed at $0.585/mile.
**Rate subject to change at any time.
Reimbursement will be done at rate matching trip dates.

TOTAL MILES: _____

Approval signature not same as traveler.

TRAVELER'S SIGNATURE: _____

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS FOR EACH EXPENSE OF $75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

APPROVAL SIGNATURE: _____

Name & Title: