ISBER

Mileage Log

Name: _____ Project(s) to charge: _____

E-Mail: _____

Choose one: ☐ Direct Deposit ☐ Mail Check

Address:

An address is required even if you choose direct deposit. A check will be mailed in the event direct deposit is not available.

(Required for reimbursement) (Required for reimbursement)

License Plate #: _____ Do you have Liability Insurance for your car? ▼

Purpose of trip(s):

Departure From (Location)	***Date***	***Time***	***Traveled To*** (Location)	***Date***	***Time***	***Miles Driven***

Mileage is reimbursed at $0.535 / mile. Rate subject to change at any time.
Reimbursement will be done at a rate matching trip dates.

TOTAL MILES _____

TRAVELER'S SIGNATURE: _____

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED DO NOT INCLUDE ALCOHOL AND 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: _____

Approval signature not same as traveler.

Name & Title: