



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.

License Plate #: _____ (Required for reimbursement)

Do you have Liability Insurance for your car? (Required for reimbursement)

Purpose of trip(s): _____

Departure From <small>(Location)</small>	Date	Time	Traveled To <small>(Location)</small>	Date	Time	<u>Miles Driven</u>

Mileage is reimbursed at \$0.58 / mile. Rate subject to change at any time.
 Reimbursement will be done at a rate matching trip dates.

TOTAL MILES _____

TRAVELER'S SIGNATURE: _____

APPROVAL 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.

Name & Title: _____
 Approval signature not same as traveler.