



## 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 \$0.56/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.

Approval signature not same as traveler.  
Name & Title: \_\_\_\_\_