

PASC

Mileage Log

Name: _____ Account(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):

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

Mileage is reimbursed at \$0.575 / 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.