

EARTH RESEARCH INSTITUTE

Mileage Log							
Name: E-Mail:		Project(s) to charge:					
Choose one:	Direct Deposit	Mail Check	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)	(Required for reimbursement) Do you have Liability Insurance for your car?					
Purpose of trip(s):							

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

Mileage is reimbursed at 0.70 / mile. Rate subject to change at any time. Reimbursement will be done at a rate matching trip dates.

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, AS REQUIRED BY UNIVERSITY POLICY.

TOTAL MILES

APPROVAL SIGNATURE:

Name & Title:

Approval signature not same as traveler.