

Environmental Health Sciences Mileage Reimbursement Form

Privately-owned vehicles are allowed to be used for official university business. Travelers may claim mileage for travel actually incurred, either en route to and from the travel destination or to and from a common carrier terminal (this does not include mileage between home and the University).

Traveler's Name: _____	Employee ID#: _____
Address: _____	Phone#: _____
Business Justification: _____ _____	
Private vehicle license #: _____	Liability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date(s)	City of Origin	Destination City	# Miles one way	Was this round trip?		Total Trip Miles
				Yes	No	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Total # of Miles: _____	x	_____	= \$ _____

Certification

Traveler's Signature	Date	Principle Investigator's Signature	Date

Business Office Use Only

FAU #1: _____	Amount/Percent: _____
FAU #2: _____	Amount/Percent: _____

Fund Manager Approval	Date