



EARTH RESEARCH INSTITUTE

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> |
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Mileage is reimbursed at \$0.625 / 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 WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AS REQUIRED BY UNIVERSITY POLICY.

Name & Title: _____

Approval signature not same as traveler.