



CONTROLLERS OFFICE

UMC 2400
Old Main Room 26
Logan, UT 84322-2400
Phone: (435) 797-1011
Fax: (435) 797-1077

Personal Mileage Reimbursement Form

Travel Authorization Number: _____

Traveler's Name: _____

Purpose of this Form:

The Utah State University Board of Trustees' has approved that effective May 20, 2005 the personal mileage reimbursement rate will approximate the approved Internal Revenue Service (IRS) mileage reimbursement rate. Therefore, the university's personal mileage reimbursement rate is \$0.37 per mile.

When using your private automobile, your personal automobile insurance will be the primary insurance coverage. The University's automobile insurance will only be effective after your personal insurance has been fully exhausted (USU Travel and Institutional Advancement Policy, II.A.1.a).

Completion of Form:

This form should be completed and submitted with the pre-trip travel authorization form for reimbursement of personal mileage while conducting university business.

- No motor pool vehicle was available.
- The trip was for the sole purpose of traveling to the airport, and a motor pool car would have been parked for an extended period of time.
- The trip included non-university related business.
- The total university business related trip mileage (mileage claimed for reimbursement) is less than 180 miles.

I hereby certify that the information provided above is correct.

Traveler's Signature

Date

Trip Authorizer's Signature (Dean, VP, Department Head)

Date