

**Privately-Owned Automobile**  
**MILEAGE REIMBURSEMENT REQUEST FORM**

Log No.: \_\_\_\_\_

*This form is used to request reimbursement for private car mileage. Please submit this signed form **with all related original itemized receipts showing a zero balance**, taped to an 8 ½ x 11 sheet of paper. Please complete in ink.*

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ PI: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Home \_\_\_\_\_  
Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_  
Social Sec. # \_\_\_\_\_  
UC Empl. ID # \_\_\_\_\_  
UC Student # \_\_\_\_\_

UC Employee? (Circle one)    Yes            No

Purpose of trip: \_\_\_\_\_

Private Vehicle License Number _____ State _____			
Does car have liability insurance?    Yes            No			
Mileage:			
Date	From	To	# Miles

Other Expenses: (i.e. Bridge Tolls, Parking Expenses Related to Private Car Usage)		
Date	Expenses (Brief description)	\$

***If requesting reimbursement for expenses without receipts, please include an explanation for the loss or unavailability of the receipts.***

Total expenses without receipt: \$ \_\_\_\_\_

TRAVELER'S SIGNATURE : \_\_\_\_\_

Grand total reimbursement request: \$ \_\_\_\_\_

AUTHORIZED BY : \_\_\_\_\_

PRINCIPAL INVESTIGATOR/ADMINISTRATIVE OFFICER/  
GRANTS ADMINISTRATOR

<b>For IHD Accounting use only:</b> Processed by: _____    Date: _____    PO #: _____							
Speedtype	Account	Fund	Org	Program	Sub-Pgm	Project	Flex-Fld