## ISBER

Mileage Log							
Name:E-Mail:			Project(s) to charge:				
Choose one: D					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 #:  Do you have Liability Insurance for your car?  Purpose of trip(s):							
Departure From (Location)	Date	Time	Traveled To (Location)	Date	Time	Miles Driven	
Mileage is reimbursed at \$0.565 / m Reimbursement will be done at a rat  TRAVELER'S SIGNATURE:	e matching trip date	es.	APPROVAL SIGNATURI	E:			

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT, THAT THE EXPENSES CLAIMED DO NOT INCLUDE ALCOHOL AND WERE INCURRED BY ME ON OFFICIAL UNIVERSITY BUSINESS ON THE DATES SHOWN, AND THAT I HAVE ATTACHED ORIGINAL RECEIPTS FOR EACH EXPENSE OF \$75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

Approval signature not same as traveler.

Name & Title: