

## **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:	
Effective Rate: The current reimbursement rate for business use of a personal very mile effective 1 July 2007.	vehicle is \$0.485
When using your private automobile, your personal auwill be the primary insurance coverage. The University insurance will only be effective after your personal insfully exhausted (USU Travel Policy, II.A.1.a).	r's automobile
Completion of Form: This form should be completed and submitted with the pre-trip to for reimbursement of personal mileage while conducting univers	
No motor pool vehicle was available.	
The trip was for the sole purpose of traveling motor pool car would have been parked for a time.	•
The trip included non-university related busin	iess.
The total university business related trip mile for reimbursement) is less than 180 miles.	age (mileage claimed
I hereby certify that the information provided above is corre	ect.
Traveler's Signature	Date
Trip Authorizer's Signature (Dean, VP, Department Head)	 Date

Version date: July 2, 2007