

Supervision Travel Site Mileage Information Form

This form must be completed at the start of each semester by anyone who is claiming mileage for Site Supervision/Visits. Information on this form is confidential and will not be shared with unauthorized persons.

FALL 2016

(Please Type or Print)

Name: _____ Employee ID #: _____

Home Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Branch (Credential/Graduate/Undergraduate): _____

Please list below the Schools/Sites that you will visit this semester then using Map Quest enter the roundtrip miles from your home to each school site. Please use the full name and city of each school.

****Please Note: Reimbursement shall be made for roundtrip mileage between home and the assignment location, OR between the normal work location (CSUS) and the assignment location whichever is less. For more information please see the University Travel Procedures and Regulations Manual.**

Site #1 Full Name/City:	Round Trip Miles from Home:
Site #2 Full Name/City:	Round Trip Miles from Home:
Site #3 Full Name/City:	Round Trip Miles from Home:
Site #4 Full Name/City:	Round Trip Miles from Home:

* If you have any questions please contact me: Donna Wehner at (916) 278-5088 or donna.wehner@csus.edu

For Internal Use Only			Vendor #		
Claim Amt/Submit Date	Paid/Date		Claim Amt/Submit Date	Paid/Date	
Sept-			Feb-		
Oct-			Mar-		
Nov-			Apr-		
Dec-			May-		
Jan-			Complete-		