Center on Human Development and Disability TRAVEL MILEAGE

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**: |  | Email Address: |  |

|  |  |
| --- | --- |
| **Box No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Name**: |  | **Number** |  |

|  |  |
| --- | --- |
| Purpose of trip, location & dates: |  |

IMPORTANT: Mileage is calculated using the University as point of origin. Your home may be used as point of origin if it is a lesser distance from the destination.

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| --- | --- | --- | --- | --- |
| Date | Destination | Start | End | Total |
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|  |  |  |  |  |
|  | Total Mileage |  | @ $0.655/mile = |  |

IMPORTANT: You are required to submit the original receipts for all expenses for which you are requesting reimbursement. If you don’t have a receipt, you must sign a perjury statement. Receipts aren’t required for expenses under $75.00.

**MISCELLANEOUS EXPENSES:** (Please explain type and source):

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|  |  |
| --- | --- |
| **Total Miscellaneous**: |  |

**AUTHORIZATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Traveler's Signature: |  | Date: |  |
| Principal Investigator's Signature: |  | Date: |  |
| Administration Approval: |  | Date: |  |