

MILEAGE & TRAVEL EXPENSE CLAIM FORM

Name: Location				PO#					
Гime Peri	od (to & from dates):			=					
				Total	Deduct	Net	7		
Date	Origin	Destination	Business Purpose	Miles*	Miles*	Miles*	Tolls**	Meals**	Misc:**
				Total Ne	et Miles		\$	\$	\$
nileage rate \$0.625		Net Miles x rate	1	Т					
\$0.023	,	Tolls	-	1		* Employees that st	art or end the work	day at a worksite o	other than their
		Meals	-	1		assigned work loca			
		Miscellaneous	-	1		stop and then to the deduct the miles the			
		TOTAL	-	1		assigned work loca	tion from the total.	See AR3131 - Tra	avel Reimburseme
		TOTAL		1		for an example.			
certify tha	t the above claim is accurate ar	nd that these charges were incurred in t	the performance of						
		ith AR3131 - Travel Reimbursement.	- • •						
-									
	Claimant's Signature:		((20 2 P	1 0 1	Date	:		=	
also certif	y that the expenses claimed abo	ve comply with AR3131 - Travel Reimb	oursement and with AR4	1420.2 - Pur	cnase Orde	ers.			
	Supervisor's Signature					Date	:		
	Supervisor a Digitature.					_ Baic			=
* Must be a	accompanied by original receipts		Budget Code:						Revised 6/16/2