



Mileage Log

Name: _____ Project to be charged: _____

Email: _____ Choose one: Direct Deposit Mail Check

Address: _____ License Plate #: _____

_____ Liability Insurance: Yes No

Mileage Rate: _____

Mileage rate is subject to change at any time by UCOP.

Date	From (Departure Location) e.g. Goleta, CA	To (Arrival Location) e.g. Ventura, CA	Purpose of Trip	Total Miles Driven	Total \$ (miles x rate)
				Total Due:	

Traveler's Signature: _____

I certify that the above is a true statement, that the expenses claimed 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: _____

Name & Title: _____