MILEAGE LOG FOR EMPLOYEE REIMBURSEMENT – (2025)

Employee Information

Name (Last, First, MI) ______________________________ Campus-Wide ID ______________________

Campus ______________________________ Phone ______________________

Prepare and list each date and leg of your trip ☐ Round Trip

Date	Purpose of Travel	Start City	End City	Total Miles Traveled	**Daily Commute (minus)	*Reimbursable Mileage (0.70)	Total Amount to be Reimbursed
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
			TOTAL	0.00	0.00	0.00	0.00

** Daily Commute = Travel from home to primary campus (non-reimbursable).
* Reimbursable Mileage is only for mileage greater than normally driven between work location and principal residence.
* If total out of pocket expenses qualifies to be processed with Cashier Office, this Log must be submitted with a completed & approved Petty Cash Reimbursement Form.