



TRIP ID: _____
 VENDOR ID: _____

MARINE SCIENCE INSTITUTE

Mileage Expense Statement

Period

Employee information

Name: _____

Employee ID: _____

Mailing Address: _____

Project to charge: _____

Department: _____

Email address: _____

Vehicle License: _____

Liability Insurance: () Yes () No
 (check one)

From	
To	

Mileage Rate

Date	From	To	Purpose	Total Miles Driven	Misc.: Parking/Tolls	TOTAL
Sub-Totals						

Total Due to Traveler

Traveler's Signature	Principal Investigator'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 THE DATES SHOWN, EACH EXPENSE OF \$75 OR MORE, AS REQUIRED BY UNIVERSITY POLICY.

Name & Title: