



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**

<b>Traveler's Signature</b>	<b>Principal Investigator's Signature</b>

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: