Revised: 03/28/24



MILEAGE REIMBURSEMENT FORM

Department:

| Account Information | | | | |
|--|--|----------------------------------|---|---|
| Account Name | Accou | nt Number | Sub Account | Project Code |
| | | Authorized Circotyne | Character Assessment | |
| Business Purpose: | | | <mark>o Charge Account</mark> : | |
| Traveler Name: | | | -employee): | |
| Destination: | | Travel Dat | es: Departure Time: | Return Time: |
| Please | attach MapQuest/Google Map | os directions print out tha | t shows trip's total mileage (map picture | not required). |
| Date Miles* | From | | То | Purpose |
| (each way) | 110111 | | 10 | i dipose |
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| Please round to the nearest mile. | V | | | |
| | X cen | ts = | <u> </u> | |
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| YES, THE PERSONAL VEHICLE | FOR WHICH I AM CLAIMING MILEAGE | HAS THE MINIMUM LIABILITY IN | SURANCE COVERAGE AS REQUIRED BY THE UNIVERSI | ITY OF CALIFORNIA, IRVINE. |
| By signing this form, I certify that the above sta | atement of travel or entertainment exp | penses incurred by me, in accord | ance with the rules of the University of California, Ir | rvine, is true in all respects; that payment of |
| the amounts claimed has not and will not be re claims are included for expense of a personal na | • | | hich reimbursement is claimed was performed by th | ne traveler on University business and that no |
| and the second of a personal in | and the state of t | | | |
| Torondonia Circostoro | | | | |
| Traveler's Signature | | | Date | |