Traveler's Name:	TA#:	UA ID:

Date	Destination		Odometer Reading		Total Miles	Trip Description or Explanation

Traveler's Signature:	
Approved by:	DFOUT = $
Supervisor or Department Head	# of miles Total Reimbursement

Travel is reimbursed at the rate of cents per mile.

)JTUPSJDBM .JMFBHF SBUFT
DFOUT +BOVBSZ %FDFNC
DFOUT +BOVBSZ %FDFNCF