MILEAGE STATEMENT

Name _____ Date _____

Date	Time Departed/ Arrived	From – To	Odometer Reading Beg/End	Total Miles	Less Personal Miles	Reimbursable Miles	Other

Total Reimbursable Miles (X .545 per mile) _____

Total Other _____

Total to be Reimbursed (Place total on last page only) _____

Account Coding	Fund Code	Proj Code	Funct Code	Obj Code	Facil Code	Amt	Purpose of Travel
Travel Expense				58000			_____
Dues/Fees				81000			_____

I do solemnly swear, under penalty provided by law, the above statements are true and I have incurred the Expenses and local use mileage in the discharge of my official duties for the local system.

_____ _____

Employee Signature Date Immediate Supervisor Date

_____

CFO Signature Date