

# PACIFIC LUTHERAN UNIVERSITY AUTO MILEAGE RECORD (Manual Version)

*This form must be submitted for auto mileage/local travel expenses to be paid by the university.*

Name		Phone or Ext	Department Name	PLU ID #
<b>ATTACH RECORD TO A TRAVEL EXPENSE VOUCHER WHEN TRAVEL INVOLVES AN OVERNIGHT STAY.</b>			xxxxxx	xxxx      xxxx      xx
			Banner Account Number	
DATES OF TRAVEL (mm/dd/yy)	DAILY TRAVEL (Points Visited)		PURPOSE	TOTAL MILES TRAVELED
	FROM:	TO:		

<b>OTHER RELATED EXPENSES: Parking, Tolls, Meals (Attach Original Receipts)</b>					
DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT
<b>TOTAL RELATED EXPENSES</b>					

					<b>AMOUNT</b>
Total Mileage listed above:		@ Per Mile:			
Total Mileage listed below:		@ Per Mile:			
Total Related Expenses listed above:					
<b>TOTAL MILEAGE AND RELATED EXPENSES</b>					

**This form may be used for reimbursement of local mileage expenses. If, however, a Pre-Travel Authorization form has been previously submitted for more extensive travel, this form should be submitted together with a completed Travel Expense Voucher upon return. Requests for reimbursement must be submitted on this form by the 15th of the month following the expense. I understand requests made after this period will not be honored.**

Signature	Date
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<b>APPROVED BY:</b>	
Budget Head	Date
Dean / Director	Date
Officer	Date