UNIVERSITY OF Miami

2163804

AUTO EXPENSE CLAIM FORM

(Complete in triplicate - attach original and one copy to departmental requisition. Retain one copy for files in originating office.)

Account Title: _____ Account Number: _____

Name of Traveler: _____ Date: _____

Date	Speedometer Reading Beginning	Ending	Total Mileage	Other Expense including Parking	Starting Point & Destination	Purpose of Trip
		TOTALS	0.00	0.00		

_____
(Signature of Traveler)

Approved by: _____
(Authorized Signature)

Title: _____

Total Number of Miles 0.00 @ _____ $ per mile..... $ 0.00

Total Other Expenses..... 0.00

Total Reimbursement Requested per Check Requisition..... $ 0.00

PRINTING HINTS: Set printer to landscape and page scaling to fit to paper.
Print additinial copies now as you can not save this form with data.

Revised: 05/2008