

Trav	eler's	Name	

Work base _____

Date of Travel	Time of Travel	Specific Business Purpose	From (Street Address)*	To (Street Address)*	Round Trip (Y?N?)	Trip Mileage
10-Oct-10	9:00 AM	Meeting with Hospital Administrator re: cost report	Main campus	USA Medical Center	Y	12
Example#1 - John Does' work base is the main campus. John is required to travel to the USAMC and back for work						
purposes. John is entitled to reimbursement of 12 miles at the standard mileage rate.						

Note - Travel log should be completed, signed and attached to the University Travel Reimbursement From Total miles included in log**

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I hereby certify the trip(s) listed above was/were for official University business:

Signature

* - May use an identifiable USA location in lieu of street address (USA Campus, USAMC, etc.)

** - Include total miles on USA travel reimbursement form and label "see local travel log"