

Rhode Island College

Automobile Travel Worksheet

NAME:		DEPT NAME:		DEPT #	
ADDRESS:*					
Street	City	State	Zip Code		
SOCIAL SECURITY # OR EMPL ID	DATE:				
DESCRIPTION			MAKE	MODEL	YEAR
					PLATE #
PURPOSE OF TRAVEL:					
PERIOD:	FROM:	TO:			

<i>Date</i>	<i>From</i>	<i>To</i>	<i>Meter Readings</i>		<i>Miles</i>	<i>Miles to be</i>	<i>Other</i>
			<i>Start</i>	<i>End</i>	<i>Traveled</i>	<i>Reimbursed</i>	
			<i>Total Miles/Other</i>				
			<i>Total Mileage Reimb @ \$.58</i>				
			<i>Grand Total Reimbursement</i>				

APPROVED	SIGNATURE OF TRAVELER
	<div style="margin-bottom: 5px;">Department Chair I hereby certify that the attached mileage is correct and was</div> <div style="margin-bottom: 5px;">Division Head incurred for official college business; that the travel from my</div> <div style="margin-bottom: 5px;">Vice President residence to the destination was greater than the travel</div> <div style="margin-bottom: 5px;">between my residence and Rhode Island College campus</div>

****Please provide commuting address if other than Rhode Island College***

REV 01/19