Rhode Island College

Automobile Travel Worksheet

NAME: **DEPT NAME:** **DEPT #**

ADDRESS:* (Street / City / State / Zip Code)

SOCIAL SECURITY # OR EMPL ID **DATE:**

CAR REGISTRATION: **CAR DESCRIPTION:** MAKE MODEL YEAR

PURPOSE OF TRAVEL:

PERIOD: FROM: **TO:**

			Meter Readings		Miles	Other
Date	***From***	***To***	***Start***	***End***	***Traveled***	***Items***
			Total Miles/Other			
			Total Mileage Reimbursement			
			Grand Total Reimbursement			

APPROVED **SIGNATURE OF TRAVELER**

Department Chair

Division Head

Vice President

Please provide commuting address if other than Rhode Island College

REV 02/09