

STATEMENT OF AUTOMOBILE TRAVEL

(SUBMIT WITH TRAVEL EXPENSE REPORT)

Requisition # _____

Name _____

Sheet # _____

Check here if less mileage is listed on the Travel Expense Report based on the trip calculator (attach)

Date	Between What Points (Enter full Addresses)		Hour of Departure		Hour of Arrival		Miles Traveled
	From	To	A.M.	P.M.	A.M.	P.M.	
TOTAL MILES CLAIMED - Enter Rounded Whole Number Onto The Travel Expense Report (TER)							

** NOTE ** The shortest route from maps will be used unless a map and explanation is provided.