# Monthly Mileage Details (Attachment to Travel Expense Claim)

Traveler's Name _____
Travel Document # _____
Month/Year _____



| Date | Departure Time | | Return Time | | Departure Location (Home, Campus, School Site, Other) | Traveled To (Street, City) | Visit Description / Purpose | Total Miles (Private vehicle) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | **Total Mileage:** | | 0 |
| **Mileage reimbursement for employee travel is calculated as follows:** | | | | | | **rate per mile:** | | 0.50 |
| | | | | | | | | $ - |

On a scheduled work day, traveler departs and/or returns to their residence, mileage is calculated:

· From the lesser of the two locations (traveler's headquarters or traveler's residence).

On a scheduled work day, traveler departs from their headquarters and/or returns to their headquarters, mileage is calculated:

· From the traveler's headquarters to destination or from destination to traveler's headquarters.

On a scheduled day off, mileage is calculated:

· From the traveler's residence.