



AUTO EXPENSE CLAIM FORM

(Complete in triplicate - attach original and one copy to departmental requisition. Retain one copy for files in originating office.)

Account Title: _____

Account Number: _____

Name of Traveler: _____

Date: _____

Date	Speedometer Reading Beginning	Speedometer Reading Ending	Total Mileage	Other Expense including Parking	Starting Point & Destination	Purpose of Trip
TOTALS						

Total Number of Miles _____ @ _____ ~ per mile..... \$ _____

Total Other Expenses..... \$ _____

Total Reimbursement Requested per Check Requisition..... \$ _____

(Signature of Traveler)

Approved by: _____
(Authorized Signature)

Title: _____