STATE UNIVERSITY SYSTEM OF FLORIDA

FLORIDA GULF COAST UNIVERSITY

DAILY TRAVEL REPORT

********Entire*** **form must be completed if you drove a personal vehicle and need reimbursement for map and/or vicinity mileage, and you must include a MapQuest printout of your mileage.*****

NAME:	**UIN:**	**TAR #**
TITLE:	**DEPARTMENT:**	
AUTOMOBILE LICENSE TAG:	**DATE:**	

Date	Time Out	Time In	Travel performed -Show point of origin to destination with each intermediate stop	Auto Miles Claim	Incidental Expense	Description of Expense
			COLUMN TOTALS			

I hereby certify that the travel described above was expended in performance of my official University duties

(Traveler's Signature) (Date)

Please do not use staples in any of the returned documents

Use paper clips

_____ **miles @** **0.445** **per mile** **$** _____