

Off-Campus Teaching Mileage Reimbursement
Teaching, Learning Sociocultural Studies Department

PLEASE PRINT

DATE: _____

NAME: _____

SEMESTER: _____ YEAR: _____

EID: _____

STREET ADDRESS: _____

CITY/ZIP CODE: _____

Fall Deadline: August, September & October Mileage: **Due October 15**; October, November & December Mileage: **Due December 15**

Spring Deadline: January, February & March Mileage: **Due March 15**; March, April & May Mileage: **Due May 15**

Mileage claimed **0.445 per mile**

Record dates of travel and school sites visited below:

DATE	School Site(s)	Odometer Start	Odometer End	Total Miles

TOTAL _____

I hereby certify that the travel indicated above was accomplished in the performance of official duties; that the information given above is true in all respects; and that no claim against the State has before been made for any part hereof.

Faculty Signature: _____ Date: _____

Director Signature: _____ Date: _____

Office Use Only:

Home to UofA base: _____

DV#: _____

Total miles to be paid: _____

Total amount due: _____