Rhode Island College							
Automobile Travel Worksheet							
NAME:		DEPT NAME:			DEPT #		
ADDRESS	Street	City	State	Zip Code			
	SOCIAL SECURITY # OR						
	EMPL ID		DATE:		<u> </u>		
			DESCRIPTION	MAKE	MODEL	YEAR	PLATE #
PURPOSE	E OF TRAVEL:						
PERIOD:	FROM:	TO:					
			Meter Readings		Miles	Miles to be	Other
Date	From	То	Start	End	Traveled	Reimbursed	Items
					_		
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					-		
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					-		
					-		
					-		
					-		
			Total Miles/Other			-	-
			Total Mileage Reimb @ \$.67		0.00	0.00	
			Grand Total Re	eimbursement	0.00	0.00	
APPROVED		SIGNATURE OF TRAVELER					
		Department Chair	I hereby certify that the attached mileage is correct and was				
		Division Head	incurred for official college business; that the travel from my				
		Vice President	residence to the destination was greater than the travel				
		vice Ficoluciil	between my residence and Rhode Island College campus				
			between my re	sidence and Rh	iode Island C	ollege campus	5
*Please provide commuting address if other than Rhode Island College							REV 01/24