AUTO MILEAGE REPORT

Name _____
Address _____
(or campus department) _____
City, ST, Zip _____

I hereby certify that the trips taken and miles traveled as listed in this report were on official business for Concordia College.

_____ _____
signature date

Date	Location	# miles/trips	Purpose of Trip

This section is for office use only

_____ miles at 0.33/mile = _____

_____ trips at 3.00/trip = _____

Department Account # 01-001-230-000-350

Total reimbursement _____

Dept. of Education Chair Approval _____