## Non-Employee Travel/Expense Log

Name:				Student Organization:			
Addres	s:						
City, State, Zip:				University I.D. #:			
Purpose	e of Travel: _						
Use thi	s tahle to ente	er your mileag	re – milease	will he rei	mhursed un t	o \$ 655/mile	9
Date	Departure Location	Departure Time		Arrival Time	Miles Traveled	Cents per Mile	Total Mileage Reimbursement
\$12.50 reimbu	and \$23.00) . <b>rsable.</b>	provided by c All receipts	must be atta		oholic bever	ages are not	
Date	;	Description				nt	
Non en	mlovee Signs	uture:				ī	Onto:
INOII-CII	ipioyee signa						Date:
Fiscal Agent's Signature:						I	Date:
Accoun	nt #						