

Month: _____

Supervisor's Travel Log – Personal Vehicle Mileage
College of Education, Box 870231, Tuscaloosa, AL 35487-0231

Please submit to educlinicaloffice@ua.edu on a monthly basis.

Name: _____

Travel Date	Odometer (departing point)	Odometer (returning point)	Destination	Reason	Total Miles
Please complete and sign the back of this form					Total

PLEASE PRINT	
Name: _____	
CWID#: _____	
Title: _____	
Area of Supervision: _____	
U of A Box Number: 870 _____	Home Address: _____ City, State, Zip Code: _____
Home Telephone #: _____	Office Telephone #: _____
E-mail Address: _____	
<p>I hereby certify that the travel and expenses indicated hereon were incurred in the performance of official duties pursuant to travel authority granted to me by any other organization.</p> <p>I agree to the rate at which I am being reimbursed and that no expenses herein have been previously submitted. The travel voucher has been completed in compliance with the University policies.</p>	
Signature: _____ Date: _____	

Email completed and signed form to educinicaloffice@ua.edu. An original is not required.