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| --- |
| *For office use only* |
| Supplier ID |  |
| Pay Request Entry# |  |
| In-state mileage | 535553  |
| Mileage rate |  |

 University Supervisor Travel Log

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  | Office Use |
| Date | Destination | Miles Traveled | Eligible for Reimbursement | Total |
| *Example:**9/8/12* | *Mileage to school from UofL or personal residence (shorter distance)* |  |  |  |
| *Mileage from school #1 to school #2 (if applicable)* |  |  |
| *Mileage from school or UofL to personal residence (shorter distance)* |  |  |
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| Total Miles |  |
| Amt Due: |  |

University Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| For Office Use only: |
| Purpose: |
| Approval: John Finch, NCEE Interim Director   |
|   |
| \_\_\_\_\_\_\_\_\_ miles @ \_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total $ due |

University Supervisor Travel Log Page 2

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Office Use |
| Date | Destination | Miles Traveled | Eligible for Reimbursement | Total |
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Form revised 12-07-2019