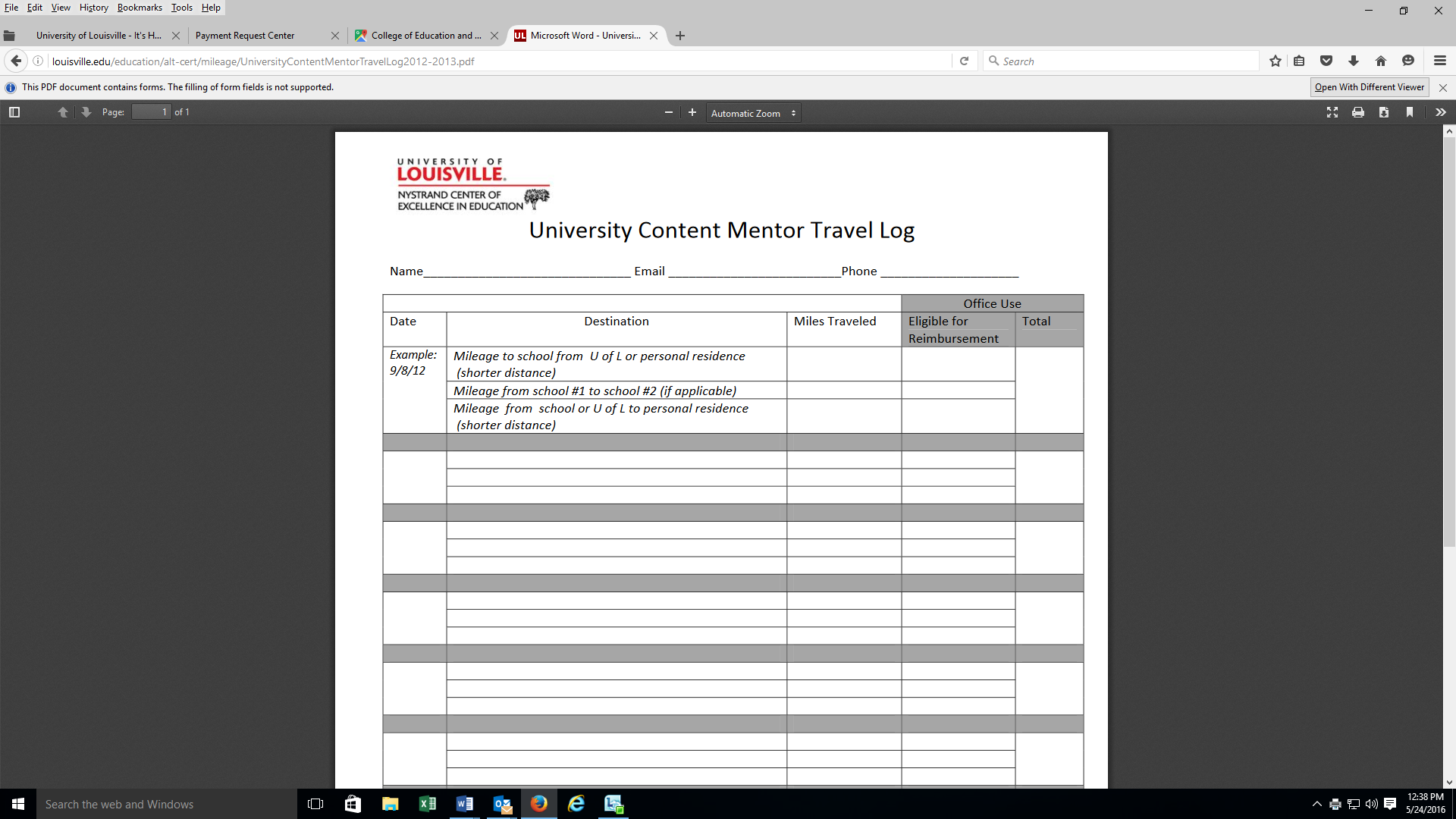
|  |  |
| --- | --- |
| *For office use only* | |
| Supplier ID |  |
| Pay Request Entry# |  |
| In-state mileage | 535554 |
| Mileage rate |  |

University Mentor/Supervisor Travel Log

Mentor/Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Office Use | |
| Date | Destination | Miles Traveled | Eligible for Reimbursement | Total |
| *Example:*  *9/8/12* | *Mileage to school from UofL or personal residence* |  |  |  |
| *Mileage from school to UofL or personal residence* |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
| Total Miles |  |
| Amt Due: |  |

University Mentor/Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| For Office Use only: |
| Purpose: To observe student teacher and/or teacher candidates in the schools or field |
| Approval: Stefanie Wooten-Burnett, Alt Cert Director  or Cody Windhorst, OEDCP Director |
| Funding Approver: Geneva Stark, NCEE Director |

University Content Supervisor/Mentor Travel Log Page 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Office Use | |
| Date | Destination | Miles Traveled | Eligible for Reimbursement | Total |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |

Form revised 7-26-21