Sam Houston State University

A Member of The Texas State University System

Monthly Mileage Log

Name: _____ **Sam ID:** _____ **Requisition:** _____

Address: _____ **Daily Commute:** _____

Department: _____ **Mileage Rate:** .535/Mile

Fund	Orgn	Account	Program
		710200	

Headquarters: ◯ **Huntsville** ◯ **Woodlands Center** ◯ **Other:**

◯ **Partial** ◯ **Complete**

Date	Time of Travel		Cities of Travel		Purpose of Travel	MapQuest or Odometer Reading		Total Mileage
	00:00 a/pm	00:00 a/pm	From	To		Start	End	

Prepared BY: Phone: Date:

Total mileage: 0

Signature: _____

Traveler - I certify that mileage shown above is correct and for SHSU Business.

Total Amount of Reimbursement: 0

Signature: _____ Travel Office: _____ Date:

Departmental Head or Supervisor

Submit to Travel Office. Attach verification from Online mapping tool for mileage totals if not providing odometer readings.