

# PERSONAL VEHICLE MILEAGE CLAIM FORM

PI Approval Signature: \_\_\_\_\_

(Travel Voucher cannot be prepared without the following information) PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ UC Employee? (Y)\_\_\_ (N)\_\_\_ US Citizen? (Y)\_\_\_ (N)\_\_\_  
(Last) (First) (MI)

Home Address (if **NOT** a UCR Employee): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

Personal Vehicle License Plate Number: \_\_\_\_\_ Do You Have Auto Insurance? (Y)\_\_\_ (N)\_\_\_  
**(Insurance documentation is required.)**

Private Vehicle Use Statement on file with dept.? (Y)\_\_\_ (N)\_\_\_  
**(If not, please attach)**

FAU: ACTIVITY \_\_\_\_\_ FUND \_\_\_\_\_ FUNCTION \_\_\_\_\_ COST CENTER \_\_\_\_\_ PROJ CODE \_\_\_\_\_

Specific Purpose of Travel: \_\_\_\_\_

There is a 21 day submission deadline for all travel, provide an explanation if submitting after deadline: \_\_\_\_\_

**Account for each day on a separate line.**

Time Left & Time Returned	Month & Day	Beginning & Ending Location (City)	Odometer Reading Start Mileage	Odometer Reading End Mileage	Total Miles	Claiming Mileage @ \$0.575 per Mile TOTAL \$\$

