Rhode Island College Automobile Travel Worksheet							
NAME:		DEPT NAME:			DEPT #		
ADDRESS:*		City	State	Zip Code			
	SOCIAL SECURITY # OR						
	EMPL ID		DATE:		-		
			DESCRIPTION	MAKE	MODEL	YEAR	PLATE #
PURPOS	E OF TRAVEL:				WODEL		
PERIOD:	FROM:	TO:					
			Meter Readings Miles			Miles to be	Other
Date	From	То	Start	End	Traveled	Reimbursed	ltems
			Total Miles/Other Total Mileage Reimb @ \$.56				
			Grand Total Re	imbursement			
APPROVED		SIGNATURE OF TRAVELER					
		Department Chair	I hereby certify that the attached mileage is correct and was				
		Division Head	incurred for official college business; that the travel from m			my	
		Vice President	residence to the destination was greater than the travel				
			between my residence and Rhode Island C		ollege campus	i	
*Please provide commuting address if other than Rhode Island College			REV 01/				