



1250 Siskiyou Boulevard • Ashland, OR 97520 • T (541) 552-6127 F (541) 552-6126 • www.soufoundation.org

MILEAGE REIMBURSEMENT FORM

If claiming other costs in addition to mileage, use the Fdn. **Travel Expense Report** to claim the reimbursement of all travel costs, including mileage.

Name: _____ Today's Date: _____

Phone: 2 - _____ Faculty/Staff: _____ Student: _____

For Greater than 100 miles (fill in information below) ⇔ Daily Rate: _____ + Rate/Mile: _____

Date	Departure City	Destination City	Reason for Travel	# of Days	Total Miles	Cost
Totals:						

For Less than or equal to 100 miles (fill in information below) ⇔ Daily Rate: N/A + Rate/Mile: _____

Date	Departure City	Destination City	Reason for Travel	Total Miles	Cost
Totals:					

If my vehicle or any of my actions do not conform to the SOU Vehicle Policy under OAR 580-40-030 I hereby waive any and all liability which may accrue to the State Board of Higher Education. State requires and I certify that I have motor vehicle insurance at a level equal to or exceeding \$25,000 for a single person; \$50,000 single occurrence for public liability; and \$10,000 for property damage if I drive a privately owned vehicle. If travel is being turned in after the fact, I certify that this claim is true and correct and that no part has therefore been claimed nor will be claimed from any other source. I understand that all persons who will be driving on state-approved business must be certified through Facilities Management and Planning. I further certify that I have a valid Oregon Driver's License, I have not been convicted of a major traffic offense as defined in ORS 484 or a moving violation within the past 3 years (list on separate sheet), and that, to the best of my knowledge and belief, I do not have physical defects that would impair my ability to safely operate a vehicle.

Traveler's Signature **Date**

Supervisor's Signature **Date**

 Supervisor – Printed Name

Total Authorized Reimbursement: \$ _____

For Foundation Use Only:
 Project Code/Fund Name: _____ / _____