MOTLOW COLLEGE
Blanket Travel
Personal Mileage Reimbursement Claim

Claimant's Name:

Claimant's Phone No:

Budgetary Head:

Banner Index:

Account: A Selection Must Be Made

Date:

This form is to be completed when an emplyee uses his/her personal vehicle for official travel on behalf of Motlow.

This form must be sign in ink.

DATE	PLACE LEFT	BEGINNING ODOMETER READING	PLACE ARRIVED	ENDING ODOMETER READING	NO. OF MILES	Rate	MILEAGE AMOUNT	Other*	TOTAL
						0.47			
						0.47			
						0.47			
						0.47			
						0.47			
						0.47			
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						0.47			
						0.47			

***Explanation of Other:**

TOTAL CLAIM $

I certify that this claim is true
and correct to the best of my knowledge.

Expenses claimed are for business purposes and, to the best of my knowledge, comply with TBR travel policy.

APPROVALS:

Claimant Date

Budgetary Head Date

MSCC Form TR-3 Ver. 3.9 (Date: 03/01/14)