

UC Irvine Libraries Business Office
Mileage Log
Mileage Reimbursement Request for Personal Vehicle Use

Employee's name _____

City of Residence _____

Do you have personal car insurance? _____

Yes _____

No _____

Account-Fund-Sub _____

Date	Roundtrip (Miles)	From (City, State)	To (City, State)	Purpose of Trip	Regularly Scheduled Day Off

Total Miles Claimed _____ x **\$0.545** = **TOTAL EXPENSE CLAIMED =** _____

Certification by Traveler: I certify that the above is a true statement, that the expenses claimed were incurred by me on official University Business, on the dates shown, that I have attached original receipts as required by the UC Policy and understand the Privacy Notification.

Traveler's Signature _____ Supervisor's Signature** _____

* When private vehicles are used on Official University Business, the Traveler is required to have adequate liability insurance coverage in order to be reimbursed for Private Car Mileage. It is not necessary to provide proof of said insurance, but the Traveler's insurance must meet University standards. Please refer to [Vehicle Use & Insurance at the University of California](#) and to [UC Business & Finance Bulletin G28](#) Page 20, Section D for further information.

**The Supervisor's signature is not required if the supervisor has given approval to the Business Office for the employee to submit repeated mileage claims. Please use the [Approval for Repeated Mileage Claims form](#) to activate this process.