

**UNIVERSITY OF CALIFORNIA, IRVINE
LIBRARIES**

Approval for Repeated Mileage Claims

I authorize _____ to submit repeated mileage claims
Employee's name

for the purpose of

traveling between the Main Campus and the Medical Center in order
to perform the employee's assigned duties, or

other – explain: _____

for the time period of:

from _____ to _____ or
indefinitely

Supervisor's Signature