

CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
DAILY MILEAGE DRIVING LOG

For MILEAGE ONLY CLAIMS, complete Sections 1 and 2. Submit to Foundation office (No other form needed).

SECTION 1

Traveler's Name: _____ Address: _____
Foundation Acct # _____ City State: _____

| DATE(S) | TRAVEL FROM/TO | PURPOSE OF TRIP | # Of Miles | Rate | TOTAL |
|---------|----------------|-----------------|------------|------|-------|
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GRAND TOTAL

SECTION 2

I hereby certify that the above is a true statement of the travel expenses incurred by me (traveler) in accordance with the applicable Trustee procedures in the service of The California State University and that all items shown were for the official business of The California State University or the CSUDH Foundation.

| | | | |
|-----------------------|------|-------------------------|------|
| | | | |
| Traveler's Signature* | Date | Supervisor's Signature | Date |
| | | | |
| Department Chair | Date | Approval of Dean or VP* | Date |
| | | Foundation Signature | Date |

ADDITIONAL INFORMATION:

For any questions/problems regarding this mileage request, the Foundation should contact:
NAME: _____
Department: _____
Extension: _____

*Required

When the check is ready, Foundation office should:
() Mail to address listed above
() Call (name) _____ at Ext. _____
() Other: _____

| | | |
|------------------------|---------------|------|
| FOUNDATION USE: | | |
| | Acct. Balance | PEID |
| | Date | |