

DAILY MILEAGE DRIVING LOG

For MILEAGE ONLY CLAIMS, complete Sections 1 and 2. Submit to Foundation Office along with mileage map.

Section 1

Traveler's Name: _____ Address: _____

Foundation Account # _____ City State: _____

Date(S)	TRAVEL FROM/TO	PURPOSE OF TRIP	#Of MILES	RATE	TOTAL
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 _____
		Authorized Signer* _____
		Date _____
Department Chair _____	Date _____	Approval of Dean or VP* Signature _____
		Date _____
		Foundation Signature _____
		Date _____

*Required

ADDITIONAL INFORMATION:
 For any questions/problems regarding this Mileage request, the foundation should contact

Name: _____
 Department: _____
 Extension: _____

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

FOUNDATION USE:		
	Act. Balance _____	Date _____ PEID _____