A-14x
PC 1/02

For Official use :

Voucher Number:

Check Date:

Check Number:

Community College of Rhode Island

Modified Version of Form Created by the Office of Accounts and Control

IN-STATE AUTOMOBILE TRAVEL REIMBURSEMENT AND ACCOUNTING REPORT

EMPLOYEE'S NAME: _____ SOCIAL SECURITY NO.: _____

VEHICLE(S) MAKE _____ YEAR(S): _____

MODEL(S): _____ REGISTRATION(S): _____

AUTO INSURANCE CARRIER: ***LEAVE BLANK*** Auto Ins. Policy Expiration Date: _____

ACCOUNT NUMBER: _____ Department Number: _____

DATE:	FROM	TO	ODOMETER READING START	ODOMETER READING FINISH	MILES	OTHER COST

I hereby certify that throughout the above dates I have maintained a valid operator's license and my vehicle(s) has been properly registered and insured; that the above mileage is correct and was incurred for official state business. The travel from my residence was shorter than the travel between my official station and the destination; that this travel expense complies with the state travel regulations.

TOTAL MILES _____

$0.375 cents per mile (341) _____

Plus Other (343) _____

TOTAL MILEAGE PLUS OTHER _____

I hereby certify that this travel expense complies with the state travel regulations and that the total listed above is a proper charge against the state.

Signature of Traveler

Initials of Supervisor

Signature of Authorized Agent