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: _____ Banner ID Number: _____

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

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

_____

City/Town of Residence: _____

Department/Banner Organization: _____ Assigned Campus: _____

DATE:	FROM	TO	Purpose of Travel	ODOMETER READING START	ODOMETER READING FINISH	MILES	OTHER COSTS
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	

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. In instances where the distance from my residence to the official destination was shorter than the distance from my official station to the official destination, only the mileage from my residence to the official destination is claimed. This travel expense complies with the state travel regulations.

TOTAL MILES 0

$0.550 cents per mile **$0.00**

Plus Other **$0.00**

TOTAL MILEAGE PLUS OTHER **$0.00**

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/Date

Initials of Supervisor/Date Signature of Authorized Agent

Form A-14x Rev. 2/6/09

Revised 1/14/09