	iTravel No
	Office Use Only
PERSONAL VEHICLE MIL	EAGE CLAIM FORM

		PI Approval Signature:				
(Travel Voucher cannot be pre	epared without the following ir	nformation) PLEASE PRINT LEGIBLY				
Name:		UC Employee? (Y) (N) US Citizen? (Y) (N)				
(Last)	(First)	(MI)				
Home Address (if <u>NOT</u> a U	UCR Employee):					
E-Mail:	Phone No					
Personal Vehicle License	Plate Number:	Do You Have Auto Insurance? (Y) (N) (Insurance documentation is required.)				
		Private Vehicle Use Statement on file with dept.? (Y) (N) (If not, please attach)				
FAU: ACTIVITY	FUND	FUNCTION COST CENTER PROJ CODE				
Specific Purpose of Travel	:					
There is a 21 day submission	on deadline for all travel, j	provide an explanation if submitting after deadline:				

Account for each day on a separate line.

Time Left & Time Returned	Month & Day	Beginning & Ending Location (City)	Odometer Reading Start Mileage	Odometer Reading End Mileage		Claiming Mileage @ \$0.575 per Mile TOTAL \$\$
					Total Miles	

iTravel No.____

Office Use Only

		Odometer	Odometer		Claiming
Month & Day	Baginning & Ending Location (City)	Reading Start Mileage	Reading End Mileage		Mileage @ \$0.5 per Mile TOTAL
Month & Day	beginning & Ending Location (City)				\$\$
				Total Miles	
	Month & Day	Month & Day Beginning & Ending Location (City) Image: Construction of City Image: City Image: Construction of City Image: Construction of City Image: Construction of City Image: Construction of City Image: Constructio	Reading Start Mileage	Reading Start Reading End Mileage Mileage	Month & DayBeginning & Ending Location (City)Reading Start MileageReading End Mileage

Revised: 7/21/2015