		Rhode Island	College	9			
		Automobile Trave					
NAME:		DEPT NAME:			DEPT#		
ADDRESS:*							
	Street	City	State	Zip Code			
	SOCIAL SECURITY # OR EMPL ID		DATE:				
			DESCRIPTION		+		
			:	MAKE	MODEL	YEAR	PLATE #
PURPOSE	E OF TRAVEL:						
PERIOD:	FROM:	то:					
			Meter R	eadinas	Miles	Miles to be	Other
Date	From	То	Start	End	Traveled	Reimbursed	Items
					-		
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					-		
			Total Miles/Oth	er	-	-	-
			Total Mileage Reimb @ \$0.67		0.00	0.00	
			Grand Total Re		0.00	0.00	
			Grana rotarno	inibai sement	0.00	0.00	
APPROVED		SIGNATURE OF TRAVELER					
		Department Chair	I hereby certify	I hereby certify that the attached mileage is correct and was			
		Division Head	incurred for official college		ousiness; that the travel from my		
		Vice President	residence to the destination was greater than the travel				
		vice i rediuent			·		I
-			between my res	sidence and Rh	ode Island C	ollege campus	S
*Please p	rovide commuting address if					REV 01/24	