

FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.  
OFFICIAL BUSINESS MILES /TRAVEL LOG

Date:

Traveler's Name:

Traveler's Title:

Department:

Extension/Location:

Date of Travel	From* (Name & Address)	To* (Name & Address)	Business Purpose	Miles
Total			0	
Cents per mile			\$0.445	
<b>TOTAL REIMBURSEMENT</b>			<b>\$0.00</b>	

\*Per IRS, Pub. 463, to be considered an allowable business expense, point of origin or destination usually cannot your personal home. To obtain information on the applicable conditions, please call the Foundation Business Office at X-7/3758.

I hereby certify that this claim for reimbursement of miles is true and correct, and necessary in order to perform my official duties as an employee of Florida International University.

Traveler's Signature:

Supervisor's Signature:

Supervisor's Title:

Approval Date: