University of South Alabama

Local Travel Log (Privately Owned Vehicle)

Traveler's Name _____ **Work base** _____

Date of Travel	Time of Travel	Specific Business Purpose	From (Street Address)*	To (Street Address)*	Round Trip (Y?N?)	Trip Mileage
10-Oct-10	9:00 AM	Meeting with Hospital Administrator re: cost report	Main campus	USA Medical Center	Y	12
Example#1 - John Does' work base is the main campus. John is required to travel to the USAMC and back for work purposes. John is entitled to reimbursement of 12 miles at the standard mileage rate.						

Note - Travel log should be completed, signed and attached to the University Travel Reimbursement From

Total miles included in log** 12

I hereby certify the trip(s) listed above was/were for official University business:

_____
Signature

** - May use an identifiable USA location in lieu of street address (USA Campus, USAMC, etc.)*

*** - Include total miles on USA travel reimbursement form and label "see local travel log"*