

Environmental Studies Program Travel Expenses Summary

Date: _____ ELP Team: _____

Name: _____ UO ID#: _____

Mailing Address: _____

Grant: _____ Related Course: _____

Did you drive your own vehicle? (yes or no): _____

Total Miles requesting reimbursement for: _____

| Date | Total | Beginning Odometer | Ending Odometer | Destination | Purpose of Trip |
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Project Manager

Date

I certify that this claim is true and correct and that no part has been claimed previously or will be claimed from any other source.

Claimant's Signature: _____ **Date:** _____

I certify that I have reviewed this claim and believe the claim to be accurate and the expenses reimbursable under OUS and UO policy.

Certifier Approval: _____ **Date:** _____

I certify that I have reviewed this claim and believe the claim to be accurate. I am authorized to and do in fact recommend this claim for reimbursement.

Department Approval: _____ **Date:** _____

