

2024/2025 CWA & STATE MILEAGE TRACKING FORM



Name: _____ Department: _____

Travel Date	Start Location	End Location	Business Purpose	Miles Traveled	Miles Deducted	Tolls	Expense
							\$
							\$
							\$
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							\$
							\$
							\$

Notes: _____

Total Mileage: _____

Total Expense: \$ _____

By submission of this form, I hereby certify that travel was for University business, trip details are accurate, and deduction of normal work commute is included when required.