STOCKTON UNIVERSITY

EMPLOYEE NAME		REIMBURSEMENT RATE	IRS
DEPARTMENT		TOTAL MILES	0
		TOTAL REIMBURSEMENT	$ 0.00

DATE OF TRAVEL	PURPOSE OF TRAVEL	STARTING & ENDING LOCATIONS	MILES TRAVELED	MILES DEDUCTED	TOTAL MILES
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

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.