

ALBANY STATE UNIVERSITY

VEHICLE MILEAGE FORM

Department	Date:
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ACCOUNT NUMBER						
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VEHICLE CLASSIFICATION AND NUMBER (OFFICE USE ONLY):			
BUS:	SUV:	VAN:	CAR:

Number _____ and Names of Passengers: <i>(Use separate sheet, if necessary)</i>			
Departure Date	Departure Time	Return Date:	Return Time:
Point of Departure:			
Destination:			
Requested by:			
Name of Organization (If Applicable):			

MILEAGE RECORD: PLEASE COMPLETE THE SPEEDOMETER READING SECTION DAILY. A SEPARATE REPORT SHOULD BE MADE FOR EACH VEHICLE USE.

INSERT CORRECT ODOMETER READING				
DATE	DESTINATION	STARTING	ENDING	MILES TRAVELED
TOTAL MILES TRAVELED				

NOTE: AFTER RETURNING FROM TRIP, PLEASE REFUEL VEHICLE USING YOUR ASSIGNED CREDIT CARD. REFUELING WILL BE CHARGED AGAINST YOUR DEPARTMENT'S BUDGET.

DRIVER: _____ DATE: _____
PLEASE SIGN (After You Return from Trip)

For Transportation Use Only

TOTAL CHARGE AMOUNT \$ _____

GAS CARD # _____

REQUEST NUMBER: _____