

## Supervision Travel Site Mileage Information Form

***This form must be completed at the start of each semester by anyone who is claiming mileage for Site Supervision/Visits. Information on this form is confidential and will not be shared with unauthorized persons.***

FALL 2018

(Please Type or Print)

Name: \_\_\_\_\_ Vendor ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Branch (Credential/Graduate/Undergraduate): \_\_\_\_\_

Please list below the Schools/Sites that you will visit this semester then using Google Maps enter the roundtrip miles from your home to each school site. Please use the full name and city of each school.

**\*\*Please Note: Reimbursement shall be made for roundtrip mileage between home and the assignment location, OR between the normal work location (CSUS) and the assignment location whichever is less. For more information please see the University Travel Procedures and Regulations Manual.**

Site #1 Full Name/City:	Round Trip Miles from Home:
Site #2 Full Name/City:	Round Trip Miles from Home:
Site #3 Full Name/City:	Round Trip Miles from Home:
Site #4 Full Name/City:	Round Trip Miles from Home:

\* If you have any questions please contact me: Kya Webb at (916) 278-4081 or [kya.webb@csus.edu](mailto:kya.webb@csus.edu)

For Internal Use Only			Vendor #		
Claim Amt/Submit Date	Paid/Date		Claim Amt/Submit Date	Paid/Date	
Sept-			Feb-		
Oct-			Mar-		
Nov-			Apr-		
Dec-			May-		
Jan-			Complete-		