PSYCHOLOGY DEPARTMENT
MONTHLY MILEAGE LOG

TRAVELER'S NAME:
MU ID NUMBER:

PURPOSE OF TRAVEL:

TIME OF TRAVEL	DATE OF TRAVEL	TRAVEL LOCATION	MILEAGE

This form is to be filled out by the traveler when the travel occurs. Keep this log in your vehicle and fill it out for departmental related travel (rural practicum, off-site travel for class purposes, etc.)
Return the form to Connie for reimbursement once a month.

Be sure to read the 2nd page for an example of how to correctly fill out the form.

PSYCHOLOGY DEPARTMENT
MONTHLY MILEAGE LOG

TRAVELER'S NAME: **Connie Zirkle**
MU ID NUMBER: **901-89-4444**

PURPOSE OF TRAVEL: **Rural Practicum**

TIME OF TRAVEL	DATE OF TRAVEL	TRAVEL LOCATION	MILEAGE
8:00 AM	9/1/06	Mingo County Sch – Mingo WV	49
3:00 PM	9/1/06	MU - Huntington	49
10:00 AM	9/6/06	Prestera – Wayne WV	34
2:00 PM	9/6/06	Wayne to Mingo County Sch – Mingo WV	25
6:00 PM	9/6/06	Mingo County Schools to MU - Huntington	49
		**Be sure to list City and State	