IDAHO STATE UNIVERSITY
VICINITY TRAVEL MILEAGE LOG WITHIN WORKSTATION AREA

Date _____

Name _____ Banner Id/SS# _____ Travel Auth # _____

Dept _____ Stop _____

Email _____ Phone _____ Index # _____

Auto License # _____ _____ x 0.455 = _____

Total Miles Rate Amount

Date	Purpose of Travel	Departure Place	Destination	Mileage
			Total Miles	0.00

I certify this reimbursement of vicinity mileage within the employee's workstation is a justified exception to the travel policy located in ISU's Manual of Administrative Policies and Procedures.

_____
Traveler Date

_____
Dean/Unit Head Date

_____
Account Director Date