UNM MILEAGE ODOMETER REPORT for use for reimbursement of personal vehicle for business	
Department of:	Month of:
NAME (Printed):	-
I certify that the below information is correct.	

NAME (Signature): ___

Departure Date/Time	Return			Odometer Readings		Total	Personal	Business		
	Date/Time	Departed From / Destination / Returned To			Purpose	Beginning	Ending	Miles	Miles	Miles
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
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								0		0
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								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
					1		TOTAL	BUSINESS N	<u> </u>	U

TOTAL BI		
Travel before 1/1/13	\$.51 PER MILE @	
Travel begining 1/1/13	\$.555 PER MILE @	
TOTAL AMOUNT		