THE UNIVERSITY OF TENNESSEE
COLLEGE OF EDUCATION, HEALTH AND HUMAN SCIENCES

LOG FOR LOCAL TRAVEL

(To be attached to T-3 Travel Expense claims involving the use of personally owned automobiles for official UT business.)

Name: _____ SS#: _____ Department: _____

DATE	ORIGIN	DESTINATION	PURPOSE	ODOMETER OR TRIP METER READING	NUMBER OF MILES
If a request is submitted that is over 3 months old, the college will NOT reimburse the employee for the mileage.					

Signature: _____ Total Miles This Page: _____