For Supervisor Only

MILEAGE REPORT FORM

Name: _____

Date	From (City)/To (City)	Student Name	Distance - Roundtrip

_____ Total Mileage:_____

Signature

_____

University of Idaho V Number (if known)

When completed, please mail form to: College of Education, Health & Human Sciences – Internships, University of Idaho, 875 Perimeter Drive MS 3084, Moscow, Idaho 83844-3084 or email to Jennifer Kay at jkay@uidaho.edu.

FOR OFFICE USE ONLY

_____ _____ x _____ = _____

V# **Total Mileage** **Mileage Rate** **Total Amount Due**