Wharton County Junior College

Revised 09-01-18

Instructional Travel Form – Monthly Mileage Report (Reg. 484) MONTH _____ YEAR _____

Name:				Date:
Address: City _____ State _____ Zip _____				Banner ID:
Dept: _____	(check one) Full-Time☐ Part-Time☐		(check one) Campus Mail ☐ Mail to home☐	

			A	B	C
Date	Description of route Origin (residence)→ Destination 1 → Destination 2…→ Final Destination (residence)	Purpose	Actual Daily Mileage From Origin to Final Destination	Deduction: RT mileage from Residence to Home Office or 50 miles for PT faculty	Daily reimbursable mileage (A minus B)
				Total Reimbursable Mileage for Month =	0

Total mileage 0 X $ .545 = $ 0.00

Budget Number_____-_____-_____-_____

Requestor's signature _____ Date_____

Supervisor's signature _____ Date_____

Vice President/Dean signature _____ Date_____

*effective Fall 2018