

Rhode Island College
Automobile Travel Worksheet

NAME:		DEPT NAME:			DEPT #		
ADDRESS:*							
	Street	City	State	Zip Code			
	SOCIAL SECURITY # OR EMPL ID		DATE: _____				
			DESCRIPTION	MAKE	MODEL	YEAR	PLATE #
PURPOSE OF TRAVEL: _____							
PERIOD:	FROM: _____	TO: _____					

[illegible]

APPROVED		SIGNATURE OF TRAVELER					
		Department Chair	I hereby certify that the attached mileage is correct and was				
		Division Head	incurred for official college business; that the travel from my				
		Vice President	residence to the destination was greater than the travel				
			between my residence and Rhode Island College campus				

****Please provide commuting address if other than Rhode Island College***