

TRAVEL MANUAL
August 9, 2002

ATTACHMENT C-4

REQUEST FOR PAYMENT OF PRIVATE VEHICLE MILEAGE

Traveler's Name:		Program/Office:	
Date	From/To	Purpose	Total Mileage
Total Mileage			

I certify that a government vehicle was not available during the above required times and request payment in the amount of \$ (Total miles x \$. /mile).

Traveler's Signature	Date
Mail Payment to	Project/Task #

ORISE Program/Office Approval(s):

SEND COMPLETED FORM TO TRAVEL ACCOUNTING TO PROCESS FOR REIMBURSEMENT

NOTE: DO NOT USE THIS FORM FOR CLAIMING PRIVATE VEHICLE MILEAGE FOR TRAINING APPROVED ON THE TRAINING AUTHORIZATION AND IN-HOUSE REGISTRATION FORM