2024 CWA & STATE MILEAGE TRACKING FORM

STOCKTON UNIVERSITY

Name: _____ **Department:** _____

Travel Date	Start Location	End Location	Business Purpose	Miles Traveled	Miles Deducted	Tolls	Expense
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00
							$ 0.00

Notes:	Total Mileage: 0.00	Total Expense: 0.00 $

By submission of this form, I hereby certify that travel was for University business, trip details are accurate, and deduction of normal work commute is included when required.