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| INDIANA UNIVERSITY TRAVEL MILEAGE RECORD | *Office use only****Report #:***  |

NAME: SPELL NAME **MONTH: Submit 1 month**

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| **Date** | **From** | **To** | **Number of Miles** | **Purpose** |
| Date | Enter Full Street Address |  Enter Full Street Address | Enter Miles. | Spell out purpose—don’t use acronyms |
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***TRAVELERS SIGNATURE:*** Type Name for Signature ***Phone number:*** Enter Phone Number ***Total Miles:* Total miles for all pages*.***

NAME: **Spell Name**

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| **Date** | **From** | **To** | **Number of Miles** | **Purpose** |
| Date | Enter Full Street Address | Enter Full Street Address | Enter Miles | Spell out purpose—don’t use acronyms |
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NAME: **Spell Name**

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| **Date** | **From** | **To** | **Number of Miles** | **Purpose** |
| Date | Enter Full Street Address | Enter Full Street Address | Enter Miles | Spell out purpose—don’t use acronyms |
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