College of Nursing Travel Checklist - Mileage Only Travel

This form should be completed by the travel preparer and attached in the agenda section in Concur for all travel which includes reimbursement for mileage only.

Traveler Name:  
Travel Date:  
Travel Purpose:  

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Mileage Description</th>
<th>Task Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Commute deducted if starting point or ending point is a home address on a work day (deduct commute section)</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Round trip commute deducted if starting and ending point is a home address on a work day (deduct round trip section)</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Attach toll receipt or toll calculator if tolls are claimed</td>
<td></td>
</tr>
</tbody>
</table>

A

Deduct Commute

TOTAL PERSONAL: 21.1 MI
TOTAL BUSINESS: 161.9 MI

B

Deducted Commute Distance

Home: 10029 NW 139th St, Yukon, OK 73099, L
Office: College of Nursing, 1100 N Stonewall Av

42.2 MI

C


I as the travel preparer certify that I have reviewed and completed the above items as indicated.

X