CSUDH | TORO AUXILIARY PARTNERS

DAILY MILEAGE LOG

For MILEAGE ONLY CLAIMS, complete Sections 1 and 2. Submit to CSUDH TAP Office along with mileage map. In addition, if insurance information (ID card, declaration page, etc.) has not been provided to CSUDH TAP Accounting, please attach.

Section 1

Traveler's Name: Address:

CSUDH TAP Account # City, State:

DATE(S)	TRAVEL FROM/TO	PURPOSE OF TRIP	#OF MILES	RATE	TOTAL
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
				0.760	0.00
			Grand Total		0.00

Section 2

I hereby certify that the above is a true statement of the travel expenses incurred by me (traveler) in accordance with the **Travel and Business Expense Reimbursements Policy** of the California State University, and that all items shown were for the official business of the California State University or CSUDH TAP.

Traveler's Signature* Date	Supervisor Signature Date	Authorized Signer* Date
Post Award Approval Date	Dean/VP Signature** Date	

*Required; **Additional Signature Required for Philanthropic Foundation accounts when Grand Total is $750 or higher.

ADDITIONAL INFORMATION:

For any questions regarding this Mileage request, the CSUDH TAP should contact

Name: _____
Department: _____
Extension: _____

When the check is ready, CSUDH TAP office should:

☐ Mail to address listed above
☐ Call(name)_____ at Ext_____
☐ Other: _____

CSUDH TAP USE:		
	Act. Balance Date	PEID

Revised Date 07/29/2026