School of Population and Public Health
2206 East Mall, Vancouver, BC V6T 1Z3

Record of Travel for Mileage Claim

(Please attached to Travel Claim Form)

NAME: _____ **DATE:** _____

Employee/Student #_____

E-MAIL ADDRESS: _____

PROJECT: _____

Date	Description	Km*

Total $: _____

***$.49 per Km. April 1, 2013.**

Signature _____