

The University of the South Non-Employee Personal Vehicle Reimbursement

Legal Payee Name:

Mailing Address:

City:

State:

Zip:

Trip Destination:

Purpose of Trip:

Mileage:

Rate: \$0.585 per Mile

Total Reimbursement Amount:

Index Code:

Account Key Code:

I understand the following: That I am responsible for any loss or damage during this trip, that I should have liability insurance to protect me in case of an accident, and that University insurance does not cover me, my passengers, or my vehicle.

Driver's Signature:

Date:

Approval Signature:

Date: