

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: \$0.725 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: _____