

**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: \$0.545 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: \_\_\_\_\_