ULSTER COUNTY COMMUNITY COLLEGE
LOCAL TRAVEL LOG

Name_____ **Account**_____
(Last) (First)

Title_____ **Requisition Number**_____

Department or Area_____ **Dates (inclusive)**_____

DATE	CLASS OR ACTIVITY	LOCATION FROM:	LOCATION TO:	RETURNED TO:	TOTAL MILES

Total Miles_____ @ _____= $_____

_____
Approved by Department Chair or Administrator

_____
Signature of Traveler (Please attach the appropriate receipts for tolls, parking, etc.)

_____
Approved by Dean of Academic Affairs