University of Nevada, Las Vegas
Mileage Log – Privately Owned Vehicle

Driver's Name (last, first, mi) _____

Vehicle License No./State _____

Registered Owner _____

Odometer Operational _____ Yes _____ No

Clear Form

Date	Time	Odometer Reading		Trip Mileage	From (Street Address)*	To (Street Address)*	Specific Purpose
		Start	End				

**May use an identifiable location in lieu of street address (County Courthouse, UMC Med. Ctr., Sam Boyd Stadium, Stardust Hotel)*

Total 0.00

I hereby certify the trips listed above were for official UNLV/UCCSN business,

_____

Driver_____ Date_____

PR/stck-40/1-00