SOUTHERN OREGON UNIVERSITY

LOCAL TRAVEL EXPENSE REPORT

Name: _____ SOU ID# _____ Date: _____

Department & Title: _____ Index: _____ Activity Code: _____

Reason for Travel: _____

DATE	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILES	COST

Totals: _____ _____

I understand that all persons who will be driving on state-approved business must be certified through Facilities Management and Planning. I further certify that:

	Yes	No
1. I have a valid Oregon driver's license	☐	☐
2. I have not been convicted of a major traffic offense as defined in ORS 484-010 or a moving vehicle violation within the past 3 years. (Please list violation on separate sheet and attach.)	☐	☐
3. To the best of my knowledge and belief, I do not have physical defects that would impair my ability to safely operate a vehicle.	☐	☐

If my vehicle or any of my actions do not conform to the SOU Vehicle Policy under OAR 580-40-030 I hereby waive any and all liability which may accrue to the State Board of Higher Education.

State requires and I certify that I have motor vehicle insurance at a level equal to or exceeding $25,000 for a single person; $50,000 single occurrence for public liability; and $10,000 for property damage if I drive a privately owned vehicle. If travel is being turned in after the fact I certify that this claim is true and correct and that no part has therefore been claimed nor will be claimed from any other source.

_____
Traveler's Signature

_____
Approval of Supervisor - Signature

_____
Approval of Supervisor - Printed Name