

Page of

Employee R#:

Department: _____

Campus: _____

Off Campus Locations (CHC):

I certify that all expenses claimed on this mileage record are true and correct.

Trips are related to official state business and furthers the agency's mission.

Employee Signature

[illegible]

Subtotal	0
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Attachment B
HSCEP OP 79.06
Revised: March 14, 2025