TTUHSC EL PASO EMPLOYEE MILEAGE RECORD

Employee: _____ **Employee R#:** _____

Position: _____

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

Trip - Origination				Trip - Destination					
Date (mm/dd/yy)	Departure Time	Odometer Reading	Address	Date (mm/dd/yy)	Arrival Time	Odometer Reading	Address	Total Trip Mileage	Purpose/Reason for Travel
								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
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								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	
								0	

Effective: **Year** **Rate**
Jan 1, 2025 **$ 0.700**

Subtotal 0

Attachment B
HSCEP OP 79.06
Revised: February 4, 2026