

**COST COMPARISON BETWEEN
DRIVING PRIVATE VEHICLE AND
UTILIZING PUBLIC/COMMERCIAL TRANSPORTATION**

I. TRIP INFORMATION

Employee's Name: _____ Dept./Office: _____

Request for Travel Authorization & Advance Number: _____

Trip Begin Date: _____ Trip End Date: _____

Destination: _____

II. COST INFORMATION

<u><i>DRIVING PRIVATE VEHICLE</i></u>		<u><i>USE OF PUBLIC TRANSPORTATION</i></u>	
Expense Item (rounded to nearest dollar)	Cost	Expense Item (rounded to nearest dollar)	Cost
1. Cost of Mileage driven, round trip _____ Est Miles x 0.55	\$	1. Cost of Mileage driven, round trip residence to terminal: _____ Miles x 0.55	\$
2. Cost of Meals, Lodging,...etc. (while driving)	\$	2. Cost of Transportation (airfare, car rental, train fare, etc)	\$
3. Cost of Parking, Tolls,...etc.	\$	3. Cost of Bus/Shuttle/Taxi	\$
4. Other (specify)	\$	4. Cost of Parking	\$
		5. Other (specify)	\$
Total Estimated Cost	\$	Total Estimated Cost	\$

CERTIFICATION

I certify that I have elected to drive my private vehicle instead of utilizing a public/commercial method of transportation. I understand that the University policy limits my reimbursement for transportation expenses to the lesser of the two methods. This cost comparison is provided to the Expense Claim Auditor to determine the appropriate reimbursement amount.

Date

Traveler's Signature

*(Please attach this Form to the Travel Expense Claim, Form 262,
and submit to Accounts Payable)*