![University of Idaho]

**For Supervisor Only**

### MILEAGE REPORT FORM

Name: _____

| Date | From (City)/To (City) | Student Name | Distance - Roundtrip |
|------|----------------------|--------------|---------------------|
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|      |                      |              |                     |

Total Mileage:_____

_____
Signature

_____
University of Idaho V Number (if known)

**When completed, please mail form to:** College of Education, Health & Human Sciences – Internships, University of Idaho, 875 Perimeter Drive MS 3084, Moscow, Idaho 83844-3084.

| FOR OFFICE USE ONLY | | | |
|---|---|---|---|
| _____ V# | _____ x Total Mileage | _____ Mileage Rate | = _____ Total Amount Due |