

**Coastal Carolina Community College
Daily Log for Local Travel (State Funds)**

GL Code: _____

For the Month of: _____

Name of Traveler: _____

Day of the Month	From	To	Purpose of Travel	Miles Traveled Per Day

Amount: _____

Traveler certifies that the above claimed mileage was for official institutional travel in a vehicle properly licensed and insured as required by law.

Traveler Date

Supervisor Date

Vice President Date

Chief Financial Officer Date