



Great Falls College MSU Personal Vehicle Use Authorization Form

PLEASE TURN COMPLETED FORM IN WITH YOUR TRAVEL EXPENSE VOUCHER

The employee identified herein is granted authority to use a non-State vehicle in the conduct of State business within the basic confines of the itinerary and approximate total mileage noted below. Reimbursement for applicable pay shall be as per MCA 2-18-503 (2) (a) or (2) (b).

Employee Name: _____ Date: _____

Trip Itinerary: _____ Travel Date(s): _____

Estimated Miles: _____ Standard Rate is \$0.262 per mile* effective 1/1/18.

Explanation:

* Reimbursement rate is \$0.262 per mile effective 1/1/18.

Authorized Official Signature

Title of Official

Date