PEABODY COLLEGE OF VANDERBILT
DEPARTMENT OF TEACHING AND LEARNING
AUTOMOBILE USAGE RECORD

Name: _____ Social Security Number XXX-XX-_____
Project to Charge: _____

***Campus Address**: Department of Teaching and Learning, 1930 South Drive, Nashville, 37212*
***Address of starting point**: _____*

Date	From	To	Purpose	Mileage Incurred

_____
(Signature of person being reimbursed)

Total Miles (office use only): _____

_____
(Signature of Individual Authorizing Reimbursement)

Total to Be Reimbursed (office use only): _____

Updated 26 August 2019