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

Revised: 01/13/2025