

## Official Visit Mileage Form

<u>Coach</u>: This form, when signed, acknowledges full understanding of the NCAA rules in accordance with NCAA Bylaw 13.5.2 for the duration of employment at the University of Miami

**To	be completed by the Coacl	h and Prospect followir	ng an official vi	sit**	
Prospect Name: Sport:					
Beginning Address:	Street		City	State	Zip
Arrived at Campus:	Date	Time			
Departed Campus: _	Date	Time			
Mode of Transportati	ion: 🗌 Rental Car	Personal Ca	r  Other:	<b>:</b>	
	eage*: mi nileage and attach a MapQu				
Who Owns the Vehic	ele?	State of R	egistration:		
	ship to Owner of Vehicl				
Who traveled with the	Prospect?				
institution may pay round its own personnel. Any a operated or is use arrang	A legislation, anytime a production of the prosecution of the prosecution of the prosecution of any ged by the institution or any	pect incurring the expert the prospect, provided y representative of its a	ense at the sam I the automobil thletics interes	e mileage rate i le is not owned ts.	t allows or
Therefore, this is to ac Miami as reimburseme	knowledge that I have re ent for mileage from auto	ceived \$ mobile transportation	from	the Universit mile	y of s.
OR I incurre	ed\$for of	ther means of transp	ortation costs	(e.g. taxi cab	fare).
I acknowledge that all informa information is filled out complete.	ation above is truthful and accura etely and accurately.	ate. I understand that no rei	mbursement will b	e made unless all	
PROSPECT SIGNATURE:			DATE:		
COACH'S SIGNATURE:			DATE:		
COMPLIANCE SIGNATURE:			DATE:		