

CAMPUS: _____

DATE: ___/___/___

UNIVERSITY OF HAWAII PERSONAL AUTOMOBILE MILEAGE VOUCHER

E DOC NUMBER

| | | | |
|---|---------------------------------------|---|------------|
| PAYEE'S NAME (Last Name, First Name, Middle Name) | | UH ID # | DEPARTMENT |
| <input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> NON-EMPLOYEE | TRAVELER'S HOME ADDRESS (if claim from home to workplace) | |
| PR NO. | B.U. | TYPE | |
| | | ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ | |

| Month / Day | Trip No. | From | To | Purpose | Round trip (x) | Miles Traveled | Parking Fees |
|-------------|----------|------|----|---------|----------------|----------------|--------------|
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|--|--|-------------------------|--|--|--|---|--|---------------------------------|--|-----------------------|--|---|--|--|--|--|--|
| <p>I hereby certify that the above accounting is a true and correct record of mileage on my personal automobile used in the performance of my official duties in accordance with the State Comptroller's rules and regulations governing official travel and transportation expenses. I further certify that I carry the minimum liability insurance as required by the "Hawaii No-Fault Law" with:</p> <p>Insurance Company _____</p> <p>Policy No. _____ Expiration Date: _____</p> <p>Signature _____ Date: _____</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">A. Total Miles Traveled</td> <td style="border: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="text-align: right;">B. Total Mileage Claim (A x B.U. Rate) Rate: _____</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">C. Federal Allowed Amount (L) (A x Fed Rate) Rate: _____</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">D. Taxable Difference (B-C) (T)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">E. Total Parking Fees</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">Total Claim - Mileage & Parking (B + E)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Subcode Assignment: Refer to APM A8.852, Attachment 2.</td> </tr> <tr> <td colspan="2" style="font-size: x-small;"> <p>Note to Employees: The difference calculated above will be reported as income to the Internal Revenue Service (IRS). For employees, this amount will be processed through the UH Payroll System and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages. For nonemployees, this will be reported on an IRS Form 1099.</p> </td> </tr> </table> | A. Total Miles Traveled | | B. Total Mileage Claim (A x B.U. Rate) Rate: _____ | | C. Federal Allowed Amount (L) (A x Fed Rate) Rate: _____ | | D. Taxable Difference (B-C) (T) | | E. Total Parking Fees | | Total Claim - Mileage & Parking (B + E) | | Subcode Assignment: Refer to APM A8.852, Attachment 2. | | <p>Note to Employees: The difference calculated above will be reported as income to the Internal Revenue Service (IRS). For employees, this amount will be processed through the UH Payroll System and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages. For nonemployees, this will be reported on an IRS Form 1099.</p> | |
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