UNIVERSITY OF HAWAII	
PERSONAL AUTOMOBILE MILEAGE	VOUCHER

CAMPUS: _____ DATE: ____/___/___

E DOC NUMBER

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PAYEE'S NAME(Last Name, First Name, Middle Name)			e, Middle Name)	uh id #	DEPARTMENT	
EMPLOYEE		NON-EMPLOYEE	TRAVELER'S HOME ADDRESS (if claim from home to workplace)			
PR NO.	B.U.	TYPE		STATE:	ZIP CODE:	

Month /	Trip	-	-	2	Round	Miles Traveled	Parking Fees
Day	No.	From	То	Purpose	trip (x)	Iraveled	Fees

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	A. Total Miles Traveled	
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	B. Total Mileage Claim (A x B.U. Rate) Rate:	
"Hawaii No-Fault Law" with:	C. Federal Allowed Amount (L)	
Company	(A x Fed Rate) Rate:	
Policy No Expiration Date:	D. Taxable Difference (B-C) (T)	
V¦æç^ ^¦€ Ùã}æč¦^ÁDate:	E. Total Parking Fees	
	Total Claim - Mileage & Parking (B + E)	
	Subcode Assignment: Refer to APM A8.852, Attachment 2.	
	Note to Employees: The difference calculated above will b	e renorted
	as income to the Internal Revenue Service (IRS). For emplo amount will be processed thorugh the UH Payroll System and in the withholding of Federal, State, and FICA taxes from gr wages. For nonemployees, this will be reported on an IRS F	oyees, this d will result oss payroll