## UNIVERSITY OF HAWAII PERSONAL AUTOMOBILE MILEAGE VOUCHER

DATE:	1	/			
	( MM/DD/YY )				

CAMPUS:

( Shaded items represent information to be completed by Disbursing.)

DOCUMENT NUMBER

PAYEE'S	NAME (	Last Name,	First Name	, Middle Initi	al)	UH ID #		DEPART	MENT				
TRAVELER'S HOME ADDRESS ( If claim						n from home to workpla	ce)						
PR NO.	MPLOYEE B.U.	NON-E	MPLOYEE	Street Add	ress								
				City			State		Zip				
VOUCHER NO.		). \	VENDOR CODE		ACCOUNT CODE		SUBCODE	TYPE	P/F/N		AMOUNT		
								0					
		·							Tota	ı			
Month / Day	Trip No.	From		То		Pu	rpose			Round trip (X)	Miles Traveled	Parking Fees	
		ne above accou used in the per					A. Total Miles						
State Comptroller's rules and regulations governing official travel and transportation expenses.						B. Total Mileage Cla	im ( A x B.U Rate:	. Rate)					
	ertify that I Law" with:	carry the minim	ıum liability i	nsurance as re	equired by th	ne "Hawaii	Tax Calculation			(1.)			
Insuran Compa							C. Federal Allowed A (A x Fed Rate)			(L)			
Policy				xpiration	, ,		D. Taxable Difference	e (B & C)		(T)			
No.:			Da	ate:	1 1		E. Total Parking Fee	es					
Traveler Date						Total Claim - Mileage & Parking (B + E)							
							Subcode Assignmen	nt: Refer to	APM A8	.852, At	tachment 2.		
Program Approving Authority Date						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 thorugh the UH Payroll System and will result in the withholding of Federal, State, and FICA							
Fiscal Officer				/ 	/ ate	F.O. Code	taxes from gross payroll wages. For nonemployees, this will be reported on an IRS Form 1099.						