## UNIVERSITY OF HAWAII PERSONAL AUTOMOBILE MILEAGE VOUCHER

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			
EMPLOYEE			TRAVELER'S HOME ADDRESS ( If claim			n from home to workplace	ce)					
,		'PE Street A		uddress								
				City			State		Zip			
VOUCHER NO.			VENDOR CODE		ACCOUNT CODE		SUBCODE	ODE TYPE		1	AMOUNT	
								0				
							<u> </u>		Tota	ī		
Month / Trip Day No.			From To			Pu			Round trip (X)	Miles Traveled	Parking Fees	
							T					
personal a	automobile	used i	n the performance of	my official duti	ies in accord	A. Total Miles						
expenses			nd regulations govern			B. Total Mileage Claim ( A x B.U. Rate)  Rate:						
I further certify that I carry the minimum liability insurance as required by the "Hawaii No-Fault Law" with:							Tax Calculation C. Federal Allowed A	ma a sum t		(1.)		
Insurance Company							(A x Fed Rate)			(L)		
Policy			Expiration , ,			D. Taxable Difference	e (B & C)		(T)			
No.:				ate:	1 1		E. Total Parking Fee	S				
							Total Claim - Mileage & Parking (B + E)					
						Subcode Assignment: Refer to APM A8.852, Attachment 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.					