

CAMPUS: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UNIVERSITY OF HAWAII  
PERSONAL AUTOMOBILE MILEAGE VOUCHER**

E DOC NUMBER _____
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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

<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>	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>		