

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 )  ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____			
PR NO.	B.U.	TYPE					
CHECK REGULAR WORK DAYS: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN					REGULAR WORK HOURS:		

Month / Day	Trip No.	From	To	Purpose	Round trip (x)	Miles Traveled	Parking 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 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:  Insurance Company _____  Policy No. _____ Expiration Date: _____  Traveler's Signature _____ Date: _____	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.		
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.		