RESET ALL

FMIS-33

CAMPUS: MA

UNIVERSITY OF HAWAII
PERSONAL AUTOMOBILE MILEAGE VOUCHER

DATE: 08 / 02 / 18 (MM/DD/YY)

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

DOCUMENT NUMBER M

PAYEE'S NAME (Last Name, First Name, Middle Initial)	UH ID #	DEPARTMENT

☑ EMPLOYEE ☐ NON-EMPLOYEE			TRAVELER'S HOME ADDRESS (If claim from home to workplace)
PR NO.	B.U.	TYPE	Street Address
			City State Zip

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
				0		
				↓		
				↓		
				↓		
				Total		0.00

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 Date

A. Total Miles	0.0	
B. Total Mileage Claim (A x B.U. Rate) Rate: _____	0.00	
Tax Calculation C. Federal Allowed Amount (L) (A x Fed Rate) Rate: _____	0.00	
D. Taxable Difference (B & C) (T)	0.00	
E. Total Parking Fees		0.00
Total Claim - Mileage & Parking (B + E)	0.00	

Subcode Assignment: Refer to APM A8.852, Attachment 2.

_____ ___/___/___
Program Approving Authority Date

_____ ___/___/___ _____
Fiscal Officer Date F.O. Code

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 taxes from gross payroll wages. For nonemployees, this will be reported on an IRS Form 1099.

Origination Date: 4/11/95

Revision Date: 09/08/05