UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
PERSONAL AUTOMOBILE MILEAGE VOUCHER (FMIS-33)

PURPOSE:	To process personal automobile mileage payments.
DATA ITEM	**COMPLETION INSTRUCTIONS**
	All fields must be completed unless noted as optional. Shaded items represent information to be completed by Disbursing. Refer to APM A8.852 for detailed policies and procedures.
CAMPUS	Click on the down arrow and click on the appropriate campus code.
DATE	Enter date form prepared.
DOCUMENT NUMBER	System defaults the document prefix to M. Click on the down arrow and this may be changed to N of T by clicking on the appropriate letter. TAB and enter 6-digit number after the prefix. First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are the sequential control number assignment. In the case of an N document or T document, use the number assigned to the original Relocation/Travel claim.
PAYEE'S NAME	Enter payee's last name, first name and middle initial.
SOCIAL SECURITY NUMBER	Enter payee's 9 digit social security number, system will format with hyphens.
DEPARTMENT	Enter funding department name.
EMPLOYEE / NON-EMPLOYEE	System defaults to employee (= anyone receiving UH payroll check/statement). If Non-employee, tab to next block and either hit ENTER key or use mouse to click on the box.
PR NO.	If employee, enter payroll number of employee.
B.U. NO.	If employee, enter bargaining unit code or indicate appointment type (e.g., Casual) if not affiliated with a bargaining unit.
TYPE	If not UH employee, enter non-employee type. (Refer to APM A8.852, Attachment 2).
TRAVELER'S HOME ADDRESS	Optional. Enter traveler's home address if mileage claimed from home to workplace.
MONTH / DAY	Enter month/day of each trip.
TRIP NO	Enter trip number, consecutively, beginning with "1" for each claim made per month.
FROM / TO / PURPOSE	Enter "From", "To" and "Purpose" for each trip. List all stops made on trip in order traveled (e.g., Liliuokalani, Kapahulu, Paki, Meeting).
ROUND TRIP (X)	Enter “X” if round trip.
MILES TRAVELED	Enter number of miles traveled for each trip.
PARKING FEES	Enter parking fees related to each trip.
INSURANCE COMPANY / POLICY NO / EXPIRATION DATE	Enter name of insurance company, policy number and date policy expires for the insurance on vehicle.
A. TOTAL MILES B. TOTAL MILEAGE CLAIM & RATE C. REPORTABLE - FEDERAL ALLOWED AMOUNT & RATE D. TAXABLE AMOUNT E. TOTAL PARKING FEES	Automatically calculated. Enter rate and amount automatically calculated. (Total miles X Rate). Enter federal allowed rate and amount automatically calculated. (Total miles X Federal Rate). Automatically calculated. Automatically calculated.
TOTAL CLAIM - MILEAGE & PARKING	Automatically calculated.
VOUCHER NO.	Disbursing Office Use.
VENDOR NO.	Disbursing Office Use.
ACCOUNT CODE	Enter 6-digit account code.
SUBCODE	Enter 4-digit subcode.
TYPE	Predefined
P/F/N	Enter “N” for direct payments. If a miscellaneous encumbrance has been issued, enter a “P” for partial or “F” for final payment (any remaining encumbrance deleted).
AMOUNT	Enter amount of reimbursement, summarized by account distribution.
TOTAL	Automatically calculated. Tab to TOTAL field, error message will pop up if total does not match Total Claim at bottom.
SIGNATURES	Signatures and dates are required by appropriate Program Approving Authority, Fiscal Officer and traveler.

Submit the original Personal Automobile Mileage Voucher and supporting parking receipts to the Disbursing Office for payment processing.