UNIVERSITY OF ALASKA
CAR MILEAGE REIMBURSEMENT FORM

Traveler's Name:	TA#:	ID:

Date	Destination		Odometer Reading		Total Miles	Trip Description or Explanation
	From	To	Start	Finish		

Traveler's Signature: **Date:**

Approved by: **50.5 cents x   = $**

Supervisor or Department Head   # of miles   Total Reimbursement

Travel is reimbursed at the rate of ffifty and one/half cents per mile.