UNIVERSITY OF ALASKA CAR MILEAGE REIMBURSEMENT FORM

Traveler's Name:		TA#:		ID:	ID:		
Destination		Odometer Peading		Total	Trin	Description or	
		Start	Finish		E	xplanation	
-	-		-			,	
Traveler's Signature:					Date:		
Approved by: Supervisor or Department Head						= \$ Total Reimbursement	
·					# UI IIIIIES	rotal Reimbursement	
	Destin From ature:	Destination From To	Destination Odometer From To Start	Destination Odometer Reading From To Start Finish Anature:	Destination To Start Finish Miles Total Miles	Destination Odometer Reading Total Trip Miles E	