

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 cents x = \$		
Supervisor or Department Head					# of miles		Total Reimbursement
Travel is reimbursed at the rate of fifty cents per mile.							