The Research Corporation of the University of Hawaii
PERSONAL AUTOMOBILE MILEAGE VOUCHER

	Document No.
	Date

Social Security No.	**Name(Last,First,Mid)**	**Position Title**	**Empl.No.**

Project Address	**Status: [ ]RCUH empl [ ] State Empl**	**Phone No.**

		Project No.	**Budget Category**	**Amount**

Write Home Address: (if claim from or to home)
Street

City, State, Zip

Month/ Day	**Trip No.**	**From**	**To**	**Purpose**	**Round Trip (√)**	**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 RCUH 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: _____

Signature of Traveler

APPROVED FOR PAYMENT:

Signature PI./Project Approving Authority Date

Signature-Designated UH Official Date

A. Total Miles _____

B. Total Mileage Claim (A x $.37) _____

Employee Calculation Only:
C. Reportable/Non-Taxable ($.345) _____

D. Taxable Amount (B-C) _____

E. Total Parking Fees _____

Total Claim for Mileage & Parking (B+E) _____

Note to Employees: The taxable mileage amounts calculated above will be reported as income to the IRS. Taxable mileage amounts to RCUH employees will be processed through the RCUH Payroll system and will result in the withholding of Federal, State and FICA taxes from gross payroll wages.

TO TRAVELER: PLEASE WRITE IN SHORT EXPLANATION FOR CLAIMING MILEAGE FROM OR TO HOME. FOR EXAMPLE, "MEETING BEGAN AT 8 A.M. OR DEPARTURE TIME WAS 8 A.M. OR MEETING ENDED AT 5 P.M." EXPLANATION REQUIRED TO SUPPORT NONJOBSITE DEPARTURE/RETURN. IF YOU INCUR PARKING FEES AND HAVE NO RECEIPTS, PLEASE SIGN THIS CERTIFICATION:

I CERTIFY THAT I INCURRED $_____ FOR PARKING FOR WHICH I DID NOT OBTAIN ANY RECEIPT(S).

_____ **(SIGN)**