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Rev. 01-2023

Name: **FUND ORG PGM ACCT AMOUNT** FΥ \$0.655 Address: City: State: Zip: State ID: Work Site: Common Car Pool Passengers Names (if any): One-Way Miles \_\_\_\_\_ Round-Trip Miles \_\_\_\_\_ I CERTIFY THAT I MAINTAIN AUTOMOBILE INSURANCE IN THE AMOUNT OF \$50,000/\$100,000 IF USING MY PERSONAL CAR FOR BUSINESS RELATED PURPOSES NOTE: IF Claiming Mileage from HOME to OFF SITE LOCATION: ALL LEGS of driving for the day including commute to / from home must be entered.

IF Claiming Mileage from UHC to an OFF SITE LOCATION: ONLY THE LEGS to / from UHC need to be entered. ALL claims must be submitted within six (6) months of travel. PARKING MILEAGE DATE **WEEK DAY** FROM LOCATION **TO LOCATION** MILES @ **LESS RT** TRAVEL REASON **TOLLS TOTAL TOTAL (ALL PAGES):** PLEASE ATTACH COMPLETED DOCUMENT TO YOUR TRAVEL AND EXPENSE SUBMITTAL. PAPER FORMS WILL BE RETURNED TO DEPARTMENTS FOR ENTRY INTO THE ONLINE SYSTEM. Employee's Signature: Authorization Signature:



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	Rev. 01-2023

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