MILEAGE REIMBURSEMENT FORM

PAGE _____ of _____

Rev. 01-2024

Name:			FUND	ORG	PGM	ACCT	AMOUNT	FY	\$0.67
Address:									\$0.07
City:									
State:		Zip:							
State ID:									
Work Site:									
One-Way	Co	mmon Car Pool Passenge	ers Names (if a	ny):					
Miles	· 1.					2			
Round-Trip Miles	3.					4.			
		THAT I MAINTAIN AUTOMOBILI	E INSURANCE IN 1	HE AMOUNT OF	\$50,000/\$1		Y PERSONAL C	AR FOR I	BUSINESS RELATED PURPOSES

DATE	WEEK DAY	FROM LOCATION	TO LOCATION	MILES @	LESS RT	PARKING TOLLS	MILEAGE TOTAL	TRAVEL REASON
								TOTAL (ALL PAGES):
	PLEASE ATTACH C	OMPLETED DOCUMENT TO Y	OUR TRAVEL AND EXPENSE S	SUBMITTAL. PAPER FO	RMS WILL BE R	ETURNED TO D	EPARTMENTS	FOR ENTRY INTO THE ONLINE SYSTEM.
Preparer:			Department:				Extension:	Mail Code:
Employee's Signature: Authorization						Signature:		

MILEAGE REIMBURSEMENT FORM

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Rev. 01-2024

Name:			FUND	ORG	PGM	ACCT	AMOUNT	FY	¢0.07
Address:									\$0.67
City:									
State:		Zip:							
State ID:									
Work Site:									
One-Way	Co	mmon Car Pool Passenge	ers Names (if a	ny):					
Miles	· 1.					2			
Round-Trip Miles	3.					4.			
	I CERTIFY	THAT I MAINTAIN AUTOMOBIL	E INSURANCE IN 1	THE AMOUNT OF	\$50,000/\$1		IY PERSONAL C	AR FOR I	BUSINESS RELATED PURPOSES

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Employee's Signature: Authors						n Signature:		

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Address:								φ υ. υ <i>1</i>
City:								
State:	Zip:							
State ID:						_		
One-Way	Common Car Pool Passenge	ers Names (if a	ny):					
Miles Round-Trip	1	-	•		2			
Miles	3				4			
I CERT	TIFY THAT I MAINTAIN AUTOMOBILE	INSURANCE IN T	HE AMOUNT OF	\$50,000/\$10	0,000 IF USING I	MY PERSONAL CA	AR FOR B	USINESS RELATED PURPOSES

DATE	WEEK DAY	FROM LOCATION	TO LOCATION	MILES @	LESS RT	PARKING TOLLS	MILEAGE TOTAL	TRAVEL REASON
							2 2 2 2 2 2	TOTAL (ALL PAGES):
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Preparer:			Department:				Extension:	Mail Code:
Employee	e's Signature:			A	Authorizatior	n Signature:		



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Name:			FUND	ORG	PGM	ACCT	AMOUNT	FY	£0.67
Address:									\$0.67
City:									
State:		Zip:							
State ID:									
Work Site:									
One-Way	Co	mmon Car Pool Passenge	ers Names (if a	ny):					
Miles	1.					2			
Round-Trip Miles	3.					4.			
		THAT I MAINTAIN AUTOMOBII	LE INSURANCE IN	THE AMOUNT OF	\$50,000/\$		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 UCHC 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.

DATE	WEEK DAY	FROM LOCATION	TO LOCATION	MILES @	LESS RT	PARKING TOLLS	MILEAGE TOTAL	TRAVEL REASON
								TOTAL (ALL PAGES):
	PLEASE ATTACH C	OMPLETED DOCUMENT TO Y	OUR TRAVEL AND EXPENSE	SUBMITTAL. PAPER FO	RMS WILL BE R	ETURNED TO D	EPARTMENTS	FOR ENTRY INTO THE ONLINE SYSTEM.
Preparer:			Department:				Extension	Mail Code:
Employee's Signature: Authorization Si						n Signature:		

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Name:		FUND	ORG	PGM	ACCT	AMOUNT	FY	¢0.67
Address:								\$0.67
City:								
State:	Zip:							
State ID:								
Nork Site:								
One-Way	Common Car Poo	l Passengers Names (if a	ny):					
Miles Round-Trip	1				2			
Viles	3				4			
	CERTIFY THAT I MAINTAIN	AUTOMOBILE INSURANCE IN	THE AMOUNT O	F \$50,000/\$1	00,000 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.

DATE	WEEK DAY	FROM LOCATION	TO LOCATION	MILES @	LESS RT	PARKING TOLLS	MILEAGE TOTAL	TRAVEL REASON
		L	L		 	<u> </u>		TOTAL (ALL PAGES):
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Preparer:			Department:				Extension:	Mail Code:
Employee	e's Signature.			1	Authorization	Signatura:		

Linployee's Signature

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MILEAGE REIMBURSEMENT FORM

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Name:			FUND	ORG	PGM	ACCT	AMOUNT	FY	** • • *
Address:									\$0.67
City:									
State:		Zip:							
State ID:									
Work Site:									
One-Way	Co	mmon Car Pool Passenge	ers Names (if a	ny):					
Miles	1.					2			
Round-Trip Miles	3.					4.			
	•				\$50,000/\$1		MY PERSONAL (AR FOR	BUSINESS RELATED PURPOSES

DATE	WEEK DAY	FROM LOCATION	TO LOCATION	MILES @	LESS RT	PARKING TOLLS	MILEAGE TOTAL	TRAVEL REASON
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Employee's Signature: Authors						n Signature:		