UNIVERSITY OF ALASKA

MILEAGE REIMBURSEMENT FORM

Traveler's name		Employee information Document #			ation	Banner ID			
Mileage Details									
Date	Desti	Destination Odome				Total	Miles	Trin Doscription	
	То	From	То		From	Total Miles		Trip Description	
Trave	l is reimbursed a	t a rate of 57.5 ce	ate of 57.5 cents per mile		0.575	x		=	
						# of I	niles	Total reimbursement	
	Fund	Org	n		Acct			Amount	
		3							
Traveler's Signature						Date			
Printed Approver's Name									
						1			
Approver's Signature						Date			