

The Research Corporation of the University of Hawaii

PERSONAL AUTOMOBILE MILEAGE VOUCHER

				Document No.	
				Date	
Last 4 digits of SSN		Name (Last, First, MI)		Position Title	
Project Address		Status: [] RCUH empl [] State Empl Dept.		Empl No.	
Traveler's Home Address: (If claiming from home to workplace) Street		Project Number		Budget Category	
City, State Zip				Amount	
Month/ Day	Trip No.	From	To	Purpose	Round Trip (✓)
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:				A. Total Miles B. Total Mileage Claim (A x \$0.67) Employee Calculation Only: C. Reportable/ Non-Taxable (A x \$0.67) D. Taxable Amount (B-C) E. Total Parking Fees Total Claim for Mileage and Parking (B+E)	
Signature of Traveler _____ Date _____					
APPROVED FOR PAYMENT:				<u>Note to Employees:</u> The taxable mileage amounts calculated above will be reported as income to the IRS. Taxable mileage amounts for 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.	
Signature P.I./Project Approving Authority/Supervisor _____ Date _____					
Signature - F.A./Designated University Official _____ Date _____					

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Instructions

Use of the Form: This form is used as a means of processing mileage and parking reimbursements to the individual. No other form should be used to claim for mileage and/or parking. Any mileage claimed in conjunction with a travel completion report should be filed on this form with the travel completion report. Please submit an original and two copies of this form to RCUH for processing. Do not use this form if you are an University of Hawaii employee.

1. Document Number - Assigned by the project to track documents (optional).
2. Employee No. - Fill in your employee number which can be found on your pay stub.
3. Status - If you are a State of Hawaii employee, indicate your department.
4. Home Address - Address of payee. Fill in if mileage claims are from home to workplace.
5. Phone - Project phone number; a telephone number at which to contact you should there are questions regarding the claim.
6. Project Number - 7-digit account number.
7. Budget Category - A 4-digit number describing the type of expenditure item
8. Mo./Day - Month and day of travel. Note: If travel was not done during normal working hours, include the appropriate acronym, e.g. a.m., p.m., Sat. or Sun., in parenthesis after the month and date. Example: 9/12 (a.m.)
9. Purpose - Explanation of travel. Note: Provide a specific description, e.g. "mail run from HIG to RCUH MIC", rather than "errands".
10. Round Trip - Check (☒) if a round trip was made.
11. Miles Traveled - Number of miles traveled. If travel was done in conjunction with regular travel to and from work, the regular mileage to or from work must be subtracted from the claim. Indicate calculation e.g. (10-2) for a claim of 8 miles.
12. Total Mileage Claim - Total miles multiplied by the rate per mile. The current RCUH rate will be used to calculate the mileage claim unless otherwise specified by the project.
13. Reportable (Non-Taxable) Amount - Total mileage multiplied by the current Federal rate.
14. Taxable Amount - The difference between the total mileage claim and the reportable (non-taxable) amount, subject to withholding.
15. Parking Fees - If you are claiming for parking fees, attach all parking receipts. Small receipts should be taped to a 8 1/2" x 11" sheet of paper for easier handling. If meter parking was used then submit a signed statement certifying that you paid for such parking.
16. Total Claim for Reimbursement - Sum of Total Mileage Claim and Parking Fees.