

**UNIVERSITY OF ALASKA  
CAR MILEAGE REIMBURSEMENT FORM**

Traveler's Name:			TA#:		ID:	
Date	Destination		Odometer Reading		Total Miles	Trip Description or Explanation
	From	To	Start	Finish		
Traveler's Signature:					Date:	
Approved By:				50 cents x		= \$
Supervisor or Department Head				# of miles		Total Reimbursement
<i>Travel is reimbursed at the rate of fifty cents per mile.</i>						