

UNIVERSITY OF ALASKA  
MILEAGE REIMBURSEMENT FORM

Employee information		
Traveler's name	Document #	Banner ID

Mileage Details						
Date	Destination		Odometer Reading		Total Miles	Trip Description
	To	From	To	From		
<b>Travel is reimbursed at a rate of 58 cents per mile</b>				0.58	x	=
				<i># of miles</i>		<i>Total reimbursement</i>

Fund	Orgn	Acct	Amount

Traveler's Signature	Date
Printed Approver's Name	
Approver's Signature	Date