



**ASSOCIATED UNIVERSITIES, INC
VACCINE REIMBURSEMENT VOUCHER**

Site:	AUI	GBO	NRAO	Incubator	Employee # _____
Name	_____			Filing Date	_____
Address	_____				

DATE	ORGIN/DESTINATION	PURPOSE OF TRAVEL	MILEAGE	Account
		COVID 19 Vaccine		
		COVID 19 Vaccine		
		COVID 19 Vaccine		
		COVID 19 Vaccine		
TOTAL MILEAGE				
Total Expense = miles x \$0.56/mile =				

DATE	ITEM	AMOUNT	Account
	Parking (attach receipts)		
	Parking (attach receipts)		
	Admin Fee (attach receipts)		
	Admin Fee (attach receipts)		
	Other (attach receipts)		
	Other (attach receipts)		
TOTAL REIMBURSEMENT			

Employee Signature _____	Date _____
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OFFICIAL USE ONLY	
Approved By (Obtained by Fiscal) _____	Date _____

Site Selection:
 NRAO - Domestic NRAO staff, inclusive of NRAO staff based in Green Bank e.g. MIS, Safety, CAP, HR, ES&S, CIS
 GBO - GBO staff, inclusive of GBO ICC staff
 AUI - Corporate staff (Company 900)
 INCUBATOR - Incubator staff (Company 800)