NATIONAL RADIO ASTRONOMY OBSERVATORY
ASSOCIATED UNIVERSITIES, INC.

MILEAGE REIMBURSEMENT VOUCHER

Reset

Site _____ Filing Date _____

Name _____ Period Covered

Address _____ From _____ To _____

DATE	ORIGIN / DESTINATION	PURPOSE OF TRAVEL	MILEAGE
		TOTAL MILEAGE	0.00

Total Expense = 0.00 **x** .575 **$** 0.00
(Total Mileage)

Traveler's/Technician's Signature_____

Account/ Project Number _____ Amount To Be Paid $ 0.00

Approved By _____ Date _____

Rev. 1/11/2019