NATIONAL RADIO ASTRONOMY OBSERVATORY
ASSOCIATED UNIVERSITIES, INC.
MILEAGE REIMBURSEMENT VOUCHER

Site _____   Employee #_____   Filing Date _____

Name _____   Period Covered

Address _____   From _____ To _____

DATE	ORIGIN / DESTINATION	PURPOSE OF TRAVEL	MILEAGE
	TOTAL MILEAGE		

Total Expense = _____ x .56 $ _____
(Total Mileage)

Traveler's/Technician's Signature_____

Account/ Project Number _____   Amount To Be Paid $ _____

Approved By _____   Date _____

Rev.12/29/2020