NATIONAL RADIO ASTRONOMY OBSERVATORY
ASSOCIATED UNIVERSITIES, INC.

MILEAGE REIMBURSEMENT VOUCHER

Reset

Site _____ Employee # _____ Filing Date _____

Name _____ Period Covered

Address _____ From _____ To _____

DATE	ORIGIN / DESTINATION	PURPOSE OF TRAVEL	MILEAGE
		TOTAL MILEAGE	0

Total Expense = 0 (Total Mileage) x .625 $ 0.00

Traveler's/Technician's Signature _____

Account/ Project Number _____ Amount To Be Paid $ 0.00

Approved By _____ Date _____

Rev.12/29/2020