



**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 .585 \$ _____ (Total Mileage)			

Traveler's/Technician's Signature _____
 Account/ Project Number _____ Amount To Be Paid \$ _____
 Approved By _____ Date _____