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 .655 $ _____
(Total Mileage)

Traveler's/Technician's Signature_____

Account/ Project Number _____   Amount To Be Paid $ _____

Approved By _____   Date _____