



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

LOCAL MILEAGE FORM

Driver's Name: _____ Date: _____

G.L. Account Number: _____ BRV: _____
(For RCUOG Accounting Dept)

<i>Date Traveled</i>	<i>Starting Location</i>	<i>Destination</i>	<i>Reason for Travel</i>	<i>Starting Mileage</i>	<i>Ending Mileage</i>	<i>Total Miles</i>
Total Miles						
\$0.56*Total Miles						

Approvals

_____, _____, _____
Principal Investigator (Print Name) Signature Date (MM/DD/YYYY)

_____, _____, _____
UOG Dean/Director (Print Name) Signature Date (MM/DD/YYYY)