



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>

Note: As of July 1, 2022, GSA Mileage Rate of \$0.625 for use of Privately owned automobile. GSA Website link: <https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates>

Total Miles	
\$0.625*Total Miles	

Approvals

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

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