RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

LOCAL MILEAGE FORM

Driver's Name:_____ Date: _____

G.L. Account Number:_____ BRV:_____

(For RCUOG Accounting Dept)

Date Traveled	*Starting Location*	*Destination*	*Reason for Travel*	*Starting Mileage*	*Ending Mileage*	*Total Miles*

Note: As of January 1, 2024, GSA Mileage Rate of $0.657 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	
$0.657*Total Miles	

Approvals

_____ , _____ , _____

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

_____ , _____ , _____

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

RCUOG is an EEO Employer and Provider
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