MIAMI UNIVERSITY ACCOUNTS PAYABLE
PERSONAL AUTO SUPPLEMENT

Voucher No.

Banner Plus Number:	Traveler:	Dept. Name	Dept. Telephone No.
		EAP	**529-7245**

Mail Check To:	Traveler's Signature:	Date:
	I, Certify that these expenses were charged and incurred in accordance with Miami University policies and that I am not being reimbursed for these expenses by another organization.	

Business Purpose:	Approval Signature	Date:
Clinical Experiences		
	Approval Name (Printed)	
	Ellen E. Hill	

Personal Auto Allowance Table:

Date	From:	To:	Mileage
		TOTAL MILEAGE	
		X RATE	
		MILEAGE EXPENSE	

Account number: C CFE700 150021 500