Travel Expense Statement

Name of Traveler:							Program:	
Purpose of Travel:							Acct. #	
Location of Travel:	Purpose				Dates of Travel:		Miles	Amount
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Rate per mile 1/1/10 $ 0.500 Total miles= -

Total expenses for reimbursement= $ -

DATE_____ Signature of Commissioner_____

DATE_____ Signature of Secretary/Treasurer_____