



Committee Travel Expense Reimbursement Request

Name		Committee	
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Dates	Type of Expense (rental contract, fuel, etc.)	Total

Per Diem (no receipts required)	\$16 one way / \$32 round trip	
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Mileage Reimbursement Rate	Enter Mileage	Total
.625/mile		
Total Expenses to be Reimbursed		

Signature of Claimant		Date	
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