

Traveler's Name:	TA#:	UA ID:
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Date	Destination		Odometer Reading		Total Miles	Trip Description or Explanation

Traveler's Signature:	
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Approved by:	DFOUT = \$
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Supervisor or Department Head	# of miles	Total Reimbursement
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Travel is reimbursed at the rate of cents per mile.

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 DFOUT +BOVBSZ % FDFNC
 DFOUT +BOVBSZ % FDFNC