Destination and purpose of trip:										
Mileage Reimbursment Rate: $ 0.535										
Date	Personal auto mileage	Mileage reimbursement	Airfare	Taxi, buses, trains	Lodging	Meals	Conference or Membership fees	Books, research supplies	Other* explain below	Total
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00								0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Name:						**Total Expenses:**				**0.00**
Address:						**Amount of cash advance received (if any):**				
***Explanation of "other":**						**Amount of cash advance returned:**				
Account to be charged:						**Amount to be reimbursed:**				
603100-760612										0.00
Person's entertained:										
Payee signature:										