Standard Invoice for Travel Expense

| Overnight stay is required for meal reimbursement. Meals wi Mileage will be reimbursed at 40¢ per mile. Please attach your Employee's Signature Office use: # of Breakfast | | | DATE Depart Return | Name () () () () () () () () () (| Org Object |
|---|--------------|------|---|--|---|
| 1 12 1 - | , prost, | | LOCATION/PURPOSE | Board Me | Va Project |
| | opp tall had | | MILEAGE OVERNIGHT # of \$ Yes No Miles Amount | ☐ Board Member ☐ Employee ☐ Itinerant Employee City, State_ | PLEASE COMPLETE A TO EXPEDITE YOU |
| | | 7.00 | LODGING REGISTRA- OTHER TOTAL | Employee Date Submitted | E ALL REQUESTED INFORMATION YOUR REIMBURSEMENT. |