Archdiocese of Louisville

Mileage and Meal Expense Report

Name		Agency:		Date:		
Date	Travel To:	Travel From:	# of Miles	Meals*	Purpose	
		Total Number of Miles				
		Rate Per Mile	\$0.535			
	Amount to be Reimbursed for Miles					
	Amour	t to be Reimbursed for Meals*				
	The above expenditures represent of	Grand Total	cos only and de	:	als should indicate who attended	and purpose.
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Signature:			Approval:			
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Address:			Charge to De	ρτ. #:	Check #:	-
			Account #:		Date:	_ sed 7/1/2017
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