Albuquerque Vipassana Sangha

Mileage Reimbursement Form

Date of Request:	Date of Request:
Requested By:	Requested By:
Approved By:	Approved By:
Sangha Activity:	Sangha Activity:
Date(s) of Travel:	Date(s) of Travel:
Travel From:	Travel From:
Travel To:	Travel To:
Round Trip?YesNo	Round Trip?YesNo
Total Miles Driven:	Total Miles Driven:
Payable To:	Payable To:
For Accounting Use Only:	For Accounting Use Only:
Rate Per Mile: \$.575 & \$.14 (2015)	Rate Per Mile: \$.575 & \$.14 (2015)
Amount Paid:	Amount Paid:
Date Paid:	Date Paid:
Check Number:	Check Number:
Account Number:	Account Number:

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