

Albuquerque Vipassana Sangha

**Mileage Reimbursement Form**

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Sangha Activity: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_

Travel From: \_\_\_\_\_

Travel To: \_\_\_\_\_

Round Trip? \_\_\_\_ Yes \_\_\_\_ No

Total Miles Driven: \_\_\_\_\_

Payable To: \_\_\_\_\_

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***For Accounting Use Only:***

Rate Per Mile: \$ .575 & \$.14 (2015)

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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