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EXPENSE REPORT

NAME: _____

DATE	REASON	MILEAGE:NUMBER OF MILES DRIVEN	MILEAGE RATE IS: .555 PER MILE*	LODGING	MEALS	TOTAL
					SUB TOTAL	

RECEIPTS MUST BE ATTACHED TO THIS FORM

DATE SUBMITTED: _____

TOTAL	
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SIGNATURE: _____

*Previous mileage rate for
 Jan-June 2011 was .51 per
 mile

LOST WAGES

DATE	REASON	HOURS	RATE	TOTAL		