**NCSEAPWA**

**MILEAGE EXPENSE REIMBURSEMENT REQUEST**

Name:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PURPOSE OF REQUEST**

State Board Meeting (Date & Place): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Meeting (Date & Place): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Reason, Date & Place):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILEAGE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **TO** | **FROM** | **TOTAL MILES** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Total Miles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $.67 per mile = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_