# CHOICESS

## Mileage/Expenditure Reimbursement

| *Requested By:* | *Date:* |
|---|---|

| *Date* | *Beginning Odometer* | *Destination* | *Ending Odometer* | *Total Miles* |
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| | | | Total Miles | |

*(Please be as specific as possible - list city of destination, person supported, complete odometer reading and total miles)*

Revised 08/08/01 (1)