



**Complete Highlighted Areas /Sign & Date
Attach all original receipts**

Deliver check to requestor

Vendor #	Check Amount =
Name:	Invoice #
Attention:	Due Date:
Address:	1099 To Be Issued: <input type="checkbox"/> Check if Yes <input type="checkbox"/>
	If 1099 is issued, provide SSN or EIN:
City/State/Zip:	Customer/Acct #

Description

Purpose of Expense:

BOD TRAVEL

Mileage \$0.35 per mile - tolls included

Miles

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	BOD Travel Reimbursement	110101	390101	710202	2		D

Requesting Department/Organization Approval				Accounts Payable Approval			
Requested By:		Date:		Reviewed By:		Date:	
Approved By:		Date:		Approved By:		Date:	