



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:

Eastern District Staff Travel

Mileage \$0.625 per mile - tolls included

Miles

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	Eastern District Staff	110101		710202	2		D
	Travel Reimbursement						

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