SERTOMA EXPENSE REIMBURSEMENT REPORT

Date(s) of Sertoma Travel _____ _____
Mth/Day/Yr Mth/Day/Yr

_____
Name

_____
Date Submitted

Reason for Travel _____

Place/Destination of Travel _____

Committee Chair Approval _____

Type of Travel Expense	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Subtotals
Personal Vehicle (record miles driven)								
Personal Vehicle (Mileage @ Non-Profit Rate) .14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								0.00
Miscellaneous Items: (Please attach receipt)								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
							TOTAL	0.00