

# ARROWHEAD REGIONAL DEVELOPMENT COMMISSION

## Volunteer Travel Expense Reimbursement Form

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

Division:  
**AAAA**

DATE	LOCATION AND PURPOSE	Project (Element)	Bkfst.	Lunch	Dinner	Lodging	\$ Mileage	Common Carrier	Description Other Expenses	TOTAL AMOUNT
									Balance Due	

### PERSONAL VEHICLE MILEAGE WORKSHEET

DATE	Travel Purpose	Car Pool Avail.		Travel Log			TOTAL MILE	RATE	TOTAL AMOUNT
		Yes	No	TO	FROM	RETURN			
1/1/2015	SLL Volunteer Training (Example)		X	Duluth	Proctor	Home	16	0.555	\$8.88
								0.555	
								0.555	
								0.555	
								0.555	
								0.555	
								0.555	

*To the best of my knowledge, the above claim is correct, the amounts charged herein were actually and necessarily disbursed in performance of official duties for the Commission and No part of this claim has been previously reimbursed except as an advance.*

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Supervisor Date

Division Director Date  
 1/23/2015 2015 Mileage Form (Yellow Form)

#### FOR ACCOUNTING ONLY:

Audited by: \_\_\_\_\_ Date: \_\_\_\_\_

VR #: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

Element: GL: Amount


Staff Mileage	51100
Staff Gasoline	51102
Staff Air travel	51103
Staff Cab	51104
Staff Meals	51110
Staff Lodging	51111
Staff Conference	51112
Staff Misc.	51113
Board Mileage	51000
Board Gasoline	51002
Board Airfare	51003
Board Meals	51010