



OFFICIAL VISIT TRAVEL EXPENSE REIMBURSEMENT FORM

(Please attach the Official Visit report)

Claimant Name/Title _____

District _____

Address _____

City/State/Zip _____

Date(s) of Trip _____

Destination _____

Address/Location Visited _____

Person(s) Contacted _____

Travel Expenses:

Mileage _____ miles at \$.41 per mile _____
(75% of current IRS mileage rate 1/07)

Tolls and/or Parking _____

Airline (receipt attached) (must have prior approval) _____

Other (please explain) _____

TOTAL REIMBURSEMENT

Signature _____

Date _____

Office use: Expense Classification: Official Visit

c: District Governor