

MGC Travel Reimbursement Form

Name \_\_\_\_\_ Name/Date of Event \_\_\_\_\_

A. Miles driven \_\_\_\_\_ X \$.25 = \_\_\_\_\_

B. Tolls: \_\_\_\_\_ = \_\_\_\_\_

C. Cost of Public Transportation: \_\_\_\_\_ = \_\_\_\_\_

D. Subtotal: \_\_\_\_\_ = \_\_\_\_\_

E. Less Deductible \_\_\_\_\_ = \$150.00

F. Total \_\_\_\_\_ = \_\_\_\_\_

G. \_\_\_\_\_ Please credit the reimbursable amount as an in-kind contribution.

H. \_\_\_\_\_ Please issue me a check for the reimbursable amount.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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