



PAGE OF

DEPARTMENT/DIVISION OR INSTITUTION

**DO NOT MODIFY RATES OR FORMULAS.**

EMPLOYEE NAME (LAST, FIRST)

VENDOR CODE (LAST 4 DIGITS OF SOCIAL SECURITY NUMBER)

XXX-XX-

OFFICE ADDRESS

WORK PHONE NO.

UNIT/COUNTY

LOCATION CODE OR DOCUMENT NO.

[illegible]**TOTALS OF ABOVE ▶****TOTALS FROM OTHER PAGES ▶**

TOTAL STANDARD MILES ▶

TOTAL FLEET MILES ▶

AT	¢ PER MILE	
1	10	10
2	20	20
3	30	30
4	40	40
5	50	50
6	60	60
7	70	70
8	80	80
9	90	90
10	100	100
11	110	110
12	120	120
13	130	130
14	140	140
15	150	150
16	160	160
17	170	170
18	180	180
19	190	190
20	200	200
21	210	210
22	220	220
23	230	230
24	240	240
25	250	250
26	260	260
27	270	270
28	280	280
29	290	290
30	300	300
31	310	310
32	320	320
33	330	330
34	340	340
35	350	350
36	360	360
37	370	370
38	380	380
39	390	390
40	400	400
41	410	410
42	420	420
43	430	430
44	440	440
45	450	450
46	460	460
47	470	470
48	480	480
49	490	490
50	500	500
51	510	510
52	520	520
53	530	530
54	540	540
55	550	550
56	560	560
57	570	570
58	580	580
59	590	590
60	600	600
61	610	610
62	620	620
63	630	630
64	640	640
65	650	650
66	660	660
67	670	670
68	680	680
69	690	690
70	700	700
71	710	710
72	720	720
73	730	730
74	740	740
75	750	750
76	760	760
77	770	770
78	780	780
79	790	790
80	800	800
81	810	810
82	820	820
83	830	830
84	840	840
85	850	850
86	860	860
87	870	870
88	880	880
89	890	890
90	900	900
91	910	910
92	920	920
93	930	930
94	940	940
95	950	950
96	960	960
97	970	970
98	980	980
99	990	990
100	1000	1000

AT	¢ PER MILE	
1	10	10
2	20	20
3	30	30
4	40	40
5	50	50
6	60	60
7	70	70
8	80	80
9	90	90
10	100	100
11	110	110
12	120	120
13	130	130
14	140	140
15	150	150
16	160	160
17	170	170
18	180	180
19	190	190
20	200	200
21	210	210
22	220	220
23	230	230
24	240	240
25	250	250
26	260	260
27	270	270
28	280	280
29	290	290
30	300	300
31	310	310
32	320	320
33	330	330
34	340	340
35	350	350
36	360	360
37	370	370
38	380	380
39	390	390
40	400	400
41	410	410
42	420	420
43	430	430
44	440	440
45	450	450
46	460	460
47	470	470
48	480	480
49	490	490
50	500	500
51	510	510
52	520	520
53	530	530
54	540	540
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56	560	560
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58	580	580
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61	610	610
62	620	620
63	630	630
64	640	640
65	650	650
66	660	660
67	670	670
68	680	680
69	690	690
70	700	700
71	710	710
72	720	720
73	730	730
74	740	740
75	750	750
76	760	760
77	770	770
78	780	780
79	790	790
80	800	800
81	810	810
82	820	820
83	830	830
84	840	840
85	850	850
86	860	860
87	870	870
88	880	880
89	890	890
90	900	900
91	910	910
92	920	920
93	930	930
94	940	940
95	950	950
96	960	960
97	970	970
98	980	980
99	990	990
100	1000	1000

TOTAL INSTATE  
\$

TOTAL OUTSTATE	
\$	

**TOTAL REIMBURSABLE EXPENSE**[illegible]

I hereby certify the above claim is correct, that these expenses were necessary to conduct state business, that payment has been made from personal funds for which I have not been reimbursed, nor will I receive from any source any payment for these expenses.

APPROVAL SIGNATURE

CLAIMANT SIGNATURE

DATE \_\_\_\_\_

TITLE
-------

DATE

TITLE

OFFICIAL DOMICILE

VERIFIED BY AND DATE	FUND	AGCY	ORG/SUB	APPR UNIT	ACTIVITY	FUNCTION	OBJ/SUB	JOB NUMBER	REP CAT	AMOUNT
			/				/			
			/				/			
CODED BY AND DATE			/				/			
			/				/			
			/				/			
CK CATEGORY			/				/			
			/				/			
			/				/			

HAVE YOU OR AN IMMEDIATE FAMILY MEMBER SERVED IN THE U.S. ARMED FORCES?

☐ Yes☐ No

IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?

☐ Yes☐ No