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State of Missouri
NON-EMPLOYEE
TRAVEL EXPENSE REPORT

FOR MONTH OF		PAGE OF
DEPARTMENT / DIVISION OR INSTITUTION		
NAME (LAST, FIRST, MI)	VENDOR CODE (LAST 4 DIGITS OF SOCIAL SECURITY NUMBER) XXX-XX-	
ADDRESS	WORK PHONE NO.	UNIT/COUNTY

DATE	FROM/TO & PURPOSE	OVER-NIGHT STAY (X)	RET (X)	STANDARD MILES	FLEET MILES	BREAK-FAST	LUNCH	DINNER	LODGING	BUS R.R. AIR	OTHER*	TOTAL
												0.00
												0.00
												0.00
												0.00
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												0.00
												0.00
	TOTALS OF ABOVE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTALS FROM OTHER PAGES											0.00
	TOTAL STANDARD MILES					0.00	AT	$ 0.43	PER MILE			0.00
	TOTAL FLEET MILES					0.00	AT	$ 0.28	PER MILE			0.00

TOTAL INSTATE	TOTAL OUTSTATE		
$	$	**TOTAL REIMBURSABLE EXPENSE -Attach Receipts, if necessary.**	0.00

DATE	* EXPLANATION OF OTHER					

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	AGENCY	ORG/SUB	APPR UNIT	FUNCTION	ACTIVITY	OBJ/SUB	JOB NUMBER	REP CAT	AMOUNT
			/				/			
			/				/			
CODED BY AND DATE			/				/			
			/				/			
			/				/			