

**Upward Bound - CENTRAL COLLEGE
812 UNIVERSITY, PELLA, IA 50219**

TRAVEL EXPENSE STATEMENT

STUDENT'S NAME: _____ SCHOOL: _____

ADDRESS: _____ DATE OF TRIP: _____

_____ DESTINATION: _____

Total Mileage request = _____ miles x \$0.50 per mile	\$ _____	Odometer: Start _____ Finish _____
Airfare, train, bus ticket	\$ _____	Receipt Attached? <input type="checkbox"/>
Ground transportation (taxi)	\$ _____	Receipt Attached? <input type="checkbox"/>
Total		

STUDENT'S SIGNATURE DATE

ADMISSIONS OFFICER'S SIGNATURE DATE

UPWARD BOUND DIRECTOR'S SIGNATURE DATE UB BUDGET# 20-00-19705-801097 (JD)

To receive payment, reimbursement must be submitted within 30 days of the visit.

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