TRAVEL EXPENSE AND ATTENDANCE RECORD

INSTRUCTIONS:
Do not write in Column **A**.
Give complete address in column **C**. PLEASE PRINT (INCLUDE ZIP CODE)
Round Trip Miles are required in Column **D**.
Number of persons traveling in one car is listed in Column **E**.
Per mile rate: 1 person = $.14; 2 persons = $.17; 3 or more persons = $.20

Mail with completed check order form to: Fiscal Office, 100 Interstate Park Dr., Suite 106, Montgomery, AL 36109

Meeting Name: _____

Date: _____ Location: _____

A	B	C	D	E
	Name	**Address (City/State/Zip)**	**RT Miles**	**Number**