

# URBAN AG ACADEMY 2012

## Travel Reimbursement Form

**Legislator:**

Print Name

Signature

Authorized By

Rate Per Mile

**\$0.39**

Total Mileage

Total Reimbursement

Date	Starting Location (City)	Destination	Description/Type	Mileage	Reimbursement
<b>Totals</b>					

Please print name & mailing address for reimbursement: