

**Dawson Education Cooperative**  
**711 Clinton Street, Suite 201; Arkadelphia, AR 71923**

Name (Print) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Please reimburse me for the expenses described below, I have attached applicable receipts.

Date	Description of Mileage Expense (Place & Purpose) <i>Documentation: Google Map verifying miles traveld (if not using Dawson's Mileage Chart),Calendar, Agenda and/or Sign-In</i>	Mileage (# of Miles)	Per mile X.545
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**BUDGET UNIT** \_\_\_\_\_

Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_