

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)	Mileage (# of Miles)	Per mile
			\$ -
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			\$ -
			\$ -
Sub-Total		0	\$ -
Date	Meal Per Diem	Amount	
Sub-Total		\$ -	
Date	Other Expenses (Lodging, Supplies, Etc.)	Amount	
Sub-Total		\$ -	
Grand Total		\$ -	

Signature: _____

Approved By: _____