# NDSPLS Expense Report

**PURPOSE:**

**PERSONAL INFORMATION:**

Name: ___________________________  
Address: ___________________________

Committee: _________________________

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<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Lodging</th>
<th>Mileage*</th>
<th>Meals</th>
<th>Phone</th>
<th>Misc.</th>
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**RECEIPTS MUST ACCOMPANY ALL REIMBURSEMENT REQUESTS EXCEPT MILEAGE**

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* Mileage reimbursement is at .485/mile (as of 1/1/07)

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**EXPLANATION OF EXPENSES:**

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Form Effective 10/1/2006