Site Travel Reimbursement Form

TRAVEL EXPENSES:

From (city): ___________________________ To (city): ___________________________

Travel Dates: ________________________________________________________________

PURPOSE: ___________________________________________________________________

(Group number and course, committee meeting, etc.)

<table>
<thead>
<tr>
<th>*From Knoxville to:</th>
<th>*From Greeneville to:</th>
<th>*From Morristown to:</th>
<th>*From Gray to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gray</td>
<td>190</td>
<td>Gray</td>
<td>18</td>
</tr>
<tr>
<td>Greeneville</td>
<td>146</td>
<td>Knoxville</td>
<td>38</td>
</tr>
<tr>
<td>Morristown</td>
<td>95</td>
<td>Greeneville</td>
<td>83</td>
</tr>
<tr>
<td>Morristown</td>
<td>38</td>
<td>Knoxville</td>
<td>95</td>
</tr>
</tbody>
</table>

*TRAVEL IS REDUCED 30 MILES ROUNDTRIP FOR EACH SITE FOR ONE TRIP.

Calculation:

Number of trips ______ X Mileage per trip (see above) _____________ = ____________ Total Miles

Total Miles ________ X $0.30 = $ ____________ Total Mileage Expense

OTHER EXPENSES (All other expenses must have prior approval and store receipt)

Copying $ ______________

Other $ ______________

____________________

Total Other Expenses = $ ______________

PLEASE ATTACH ALL RECEIPTS TO REIMBURSEMENT FORM.

PRINT NAME __________________________ ACCOUNT NUMBER __________________________

ADDRESS __________________________ DATE __________________________

CITY __________________________ STATE __________________________ ZIP __________________________

SIGNED __________________________

The Site Travel Reimbursement Form is to be submitted within 10 work days of course grade submissions to receive payment (otherwise payment will be forfeited).