AFG of Colorado EXPENSE REPORT

NAME : Please mail check to:									
POSITION:									
DATE	TRAVEL	MILES	ROOM	MEALS	PHONE	COPIES	OTHER	PURPOSE	TOTAL
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	NOTE	` ` ` `		•	,		,	TOTAL to be Paid:	\$
PLEASE ATTACH <u>ALL</u> RECEIPTS TO BACK OF FORM								Date:	
(Staple to top left corner)								Check No.:	
Mileage is reimbursed at \$0.14 per mile								TOTAL PAID:	\$