City:	Organiza	tion:			Expenses Reimbursement Request							
State:					Period Covered: From:_					_ 20	*ATH00.00*	
Tel: (					To:			20				
Cactivity, Committee, Etc.)   DATE   FROM   TO					Travel Au	ithorized By:						
DATE TRAVEL LODGING BREAK LUNCH DINNER CABS TEL TIPS OTHER TOTALS    DATE TRAVEL LODGING BREAK LUNCH DINNER CABS TEL TIPS OTHER TOTALS   DATE TRAVEL LODGING BREAK LUNCH DINNER CABS TEL TIPS OTHER TOTALS   DATE TRAVEL LODGING BREAK LUNCH DINNER CABS TEL TIPS OTHER TOTALS   DATE TOTALS   DATE   DA	PUI	RPOSE OF	EXPENSE		ROUTE COVERED				MODE OF TRAVEL*			
MEALS MISCELLANEOUS TOTALS  DATE TRAVEL LODGING BREAK LUNCH DINNER CABS TEL TIPS OTHER TOTALS  OTHER EXPENSES (Explanation of Other Miscellaneous Above)  PURPOSE AMOUNT  FOR ACCOUNTING ONLY Charge S To Line Irem Acct. NO. EXTENSIONS AND TOTALS CHECKED INITIALS  Interval	(Activity, Committee, Etc.)				DATE FROM		TO					
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Total  OTHER EXPENSES (Explanation of Other Miscellaneous Above)  PURPOSE  AMOUNT  PURPOSE  AMOUNT  PURPOSE  AMOUNT  Acc., NO.  Charge \$ To Line Item Acct., NO.  EXTENSIONS AND TOTALS CHECKED INITIALS  Intereby certify that the above expenses were incurred by me in connection with travel on STP business and that I have not been, nor do I expect to be	DATE	TRAVEI	LODGING	BREAK							TOTALS	
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reimbursed from another source for any portion of the net amount claimed from STP.							n STP busin	ess and tha	t I have no	ot been, nor do	I expect to be,	
SIGNED: DATE: APPROVED: DATE:							):			DAT	E:	