GOVERNOR'S HIGHWAY SAFETY PROGRAM
REPORT OF EXPENSES CLAIMED FOR REIMBURSEMENT

Attach receipts, invoices, time sheets and other documentation.

Name:				Hourly Rate		Mileage Rate	$0.375
Date	Hours	Amount	Miles	Amount	Notes (Origin/Destination for miles)		
TOTALS					SubTotal		

Date	Item	Amount	Date	Item	Amount
Operating Expense			Public Information & Education Material		
			Equipment		
Training & Conferences					
	Airfare				
	Registration		Other		
	Lodging				
	Meals				
	Other			SubTotal	
VT-HSP-14 (02/01)				**TOTAL**	