



# Travel Expense Report

Date \_\_\_\_\_

Name: \_\_\_\_\_ Member # \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Use Mapquest for your mileage*

For travel reimbursement from \_\_\_\_\_  
(Your address)

to: \_\_\_\_\_  
(Destination)

Total mileage: \_\_\_\_\_ x 2 = \_\_\_\_\_ x \$. \_\_\_\_\_ = \$ \_\_\_\_\_  
(current mileage rate)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Approved: \_\_\_\_\_

RGA Treasurer

Must be submitted within 30 days after the date of the approved meeting.

***Please forward to Scott Bundy, National Treasurer  
205 Brookview Lane Palestine, Texas 75803.***