Date of Request _____

Date(s) of Meeting _____

Name _____

Address _____

       _____

Mileage _____ @ $.655   = $_____

Toll   =$_____

Lodging   =$_____

Other (Attach Receipts)   =$_____

Itemize _____

       _____

TOTAL $_____

Signature _____

Amount Paid _____ **Ck. No.** _____ **Date** _____

Sec.-Treas. Initials _____

SUBMIT TO:

Sarah Smith

2706 Saint Rose Lebanon Rd.

Springfield, KY 40069