TRAVEL REIMBURSEMENT FORM

Name: ______________________________________

Address: ________________________________________________________________

City/State/Zip Code: _______________________________________________________

Departure Date: _______  Departure Time: _______

Return Date: _______  Return Time: _______

Destination: ___________________________ Purpose: _______________________________________________________________________

EXPENSES:

_____ miles @ .575 = ___________ (mileage reimbursement for use of your own car)

Airfare: ___________ Taxi/Shuttle: ___________

Rental vehicle: ___________ Parking: ___________

Meals & Other Expenses:

<table>
<thead>
<tr>
<th>DATE</th>
<th>AMOUNT</th>
<th>TYPE</th>
<th>(Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Breakfast</td>
<td>Lunch</td>
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<td>Breakfast</td>
<td>Lunch</td>
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</tbody>
</table>

TOTAL: ___________

Please attach original receipts.

Please send all requests to: Thriving Rural Communities, c/o Idia Piacentini, Duke Divinity School, Duke University, Box 90968, Durham, NC 27708.