Expense Reimbursement Voucher

Chesapeake Research		21027	Name:					
645 Contees Wharf Ro 410-798-1283; Fax: 4		21037	Address:				1 1 1 1 1	
410-790-1203, Tax	+10-730-0010					C	heck if address is new	
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Travel Dates:	Start:			End:				
Locations:	From (City, Sta	ite):		To (C	City, State):			
Purpose:								
Mileage:	Mileage between your home and your regular job cannot be included in mileage reimbursements.					x 0.70 =		
Meals (Per Diem):	When using GSA	per diem	rates, please include first & last d	ay reduc	tions.	Amount:		
Other Expenses: (Receipts Required)	Description:					Amount:		
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