Name Jane Doe

eriod ended 06/30/15

Travel Form

Purpose and Mileage

Date	Purpose of Trip	Fund#	Org	From	Time	To	Time	Miles	Mileage Charged
06/29/15	Attend Conference or Duck Disease and Preventions	14000	9855	Headquarters	6:00 AM	Little Rock	6:30 AM	10	4.20
07/03/15	Return to Headuarters	14000	9855	Little Rock	7:00 AM	Headquarters	7:30 AM	0	0.00
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									0.00
									0.00

Split month-No Cost on one side of Trip-Back side of trip

Name **Jane Doe**

eriod ended **07/31/15**

Travel Form

Purpose and Mileage

Date	Purpose of Trip	Fund#	Org	From	Time	To	Time	Miles	Mileage Charged
06/29/15	Attend Conference or Duck Disease and Preventions	14000	9855	Headquarters	6:00 AM	Little Rock	6:30 AM	0	0.00
07/03/15	Return to Headuarters	14000	9855	Little Rock	7:00 AM	Headquarters	7:30 AM	10	4.20
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