



LAMOILLE VALLEY RAIL TRAIL

A 4-SEASON VERMONT RECREATION TRAIL

MILEAGE REIMBURSEMENT FORM

Name: _____

Mailing Address: _____

LAC:

LVRTC:

(Please check a box)

Meeting Date: _____ Round Trip Miles: _____

Meeting Date: _____ Round Trip Miles: _____

Meeting Date: _____ Round Trip Miles: _____

Meeting Date: _____ Round Trip Miles: _____

Total Miles: _____

Total Mileage Reimbursement: _____
(Based on mileage rate of \$0.55 per mile)

I certify that the information above is accurate and that the mileage is for the purpose expressed to be.
(Please sign or type name below)
