



**AUTO REIMBURSEMENT WORKSHEET  
FOR FPCI STAFF/BOARD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

DATE	FROM	TO	MILES	PURPOSE OF TRIP

Meals: \_\_\_\_\_

Signature: \_\_\_\_\_

Parking & Fees: \_\_\_\_\_

Approved By: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Total Miles: \_\_\_\_\_  
@ \$.50

Mileage Reimbursement: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_