



Children's Trust Fund

Protecting Michigan's Children

COP April 21-22, 2008 Training MILEAGE REIMBURSEMENT INVOICE

Participant Name: _____

Street Address: _____

City, State, Zip: _____

Date: _____

Phone: _____

SS#/Federal ID No:

To:

Children's Trust Fund
Attn: Sylvia Brown Jones, LMSW
235 S. Grand Avenue
Suite 1411
P.O. Box 30037
Lansing, MI 48909-7537
(517) 241-7792

DESCRIPTION	AMOUNT
Travel to Lansing, Michigan for Training	
Originating City: _____	
Number of Miles _____ * .329 Standard Mileage Rate	
TOTAL	

Payment Details (Type): _____

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