

**MILEAGE REIMBURSEMENT INVOICE**  
(IOWA SVAA)

TRAVELER:	
DEPARTURE/RETURN DATE:	
DEPARTURE LOCATION:	
DESTINATION:	
TOTAL MILES DRIVEN:	
TRAVEL OVER 12 HOURS?	<b>YES</b> <b>NO</b>
OTHER EXPENSES AT DESTINATION: (Attach receipts, such as parking, tolls, etc. - do not include receipts for meals.)	
RETURN LOCATION:	

When completed, attach this form to the "Request and Authorization to Incur Expenses" form.