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Special Olympics Utah

Team Mileage Reimbursement
Fax to: 801-363-1524
Attn: Accounting

Date: _____ Team/#: _____

Payable To: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____

Date	Beginning Mileage	Ending Mileage	Total Miles	x 36.5 ¢
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
Totals	$0.00			

Approved by: _____