COUNT	oCF	Milea	ge Rei	mburs	ement	Form	
SO COUNT	Date:						
SO ( ;	Crew/	/Team:					
	/ / //	orized by:					
Date Start Lo	cation Dest	ination	Notes		Miles Driven Reimbursement		
Mileage is reimburse	d at \$0.35/mile			Total			
Check Payable t	:0:				Save this file		
Email Address:					email the fo		
Mailing Address	5:				norma@orego	ncountryfair.or	