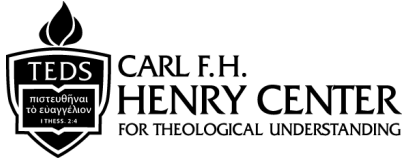

Name

address 1

address 2



Trinity Evangelical Divinity School
2065 Half Day Rd
Bannockburn IL 60015

To whom it may concern,

Could you please reimburse me, _____, for the travel expenses incurred during my visit to Trinity Evangelical Divinity School, on _____. Traveling from _____ to 2065 Half Day Rd, Deerfield IL 60015, my mileage one way was _____ miles. Round trip, with a current mileage reimbursement rate of 56¢/mile, the total amount is _____. I also had a total toll charge of _____ dollars.

$$\frac{\text{distance (one way)}}{\text{distance (one way)}} \times 2 \times \frac{\text{reimb. rate}}{\text{reimb. rate}} + \frac{\text{tolls}}{\text{tolls}} = \frac{\text{total reimbursement}}{\text{total reimbursement}}$$

Note also: attached is a map showing the total mileage of the trip.

Signature

date