



# SC American Revolution Sestercentennial Commission

SC250 Grant Programs Travel Reimbursement

Grant ID (Example 23FY1234): \_\_\_\_\_

Project Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Address of Individual: \_\_\_\_\_

Phone number for Individual: \_\_\_\_\_ Email: \_\_\_\_\_

| Date:<br>m/d/y | Dep /<br>Arr: | Time: | AM<br>or<br>PM: | From: | To: | Number of<br>Miles |
|----------------|---------------|-------|-----------------|-------|-----|--------------------|
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |
|                |               |       |                 |       |     |                    |

Total Miles this period: \_\_\_\_\_ @ \_\_\$\_.655\_\_ \*per mile = \_\_\_\_\_

\*Note: Mileage is based on the GSA website. <https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates> Please check for changes.

I hereby certify that the above information is accurate and is used for documenting a reasonable estimate of time and contributions towards the implementation of this project.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_