

**4. NAME (Last, First, Middle Initial) (Print or type)**

| <b>15. ITINERARY</b> |   |                                   |                             |                       |                      | <b>3. FOR D.O. USE ONLY</b> |
|----------------------|---|-----------------------------------|-----------------------------|-----------------------|----------------------|-----------------------------|
| a. DATE              | b. PLACE<br><i>(Home, Office, Base, Activity, City and State; City and Country, etc.)</i> | c.<br>MEANS/<br>MODE OF<br>TRAVEL | d.<br>REASON<br>FOR<br>STOP | e.<br>LODGING<br>COST | f.<br>P.O.C<br>MILES |                             |
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| <b>18. REIMBURSABLE EXPENSES</b> |                      |           |            |
|----------------------------------|----------------------|-----------|------------|
| a. DATE                          | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED |
|                                  |                      |           |            |
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| <b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> |                 |         |                 |
|--|-----------------|---------|-----------------|
| a. DATE                                | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
|  |                 |         |                 |
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**29. REMARKS**