

**ROCKY MOUNTAIN MISSION CENTER  
GUEST SPEAKING ASSIGNMENTS  
MILEAGE REIMBURSEMENT REQUEST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Assigned Congregation(s)	Date of Visit	Miles Traveled
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL MILES		_____

MILEAGE REIMBURSEMENT = (TOTAL MILES) @ \$0.20 PER MILE = \$ \_\_\_\_\_

PLEASE WRITE ANY COMMENTS OR OBSERVATIONS ABOUT YOUR VISIT(S):

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Signature: \_\_\_\_\_

Please return this form to: Rocky Mountain Mission Center  
9501 Lou Drive  
Denver, CO 80260

at the end of each scheduled time period.