

Semester:

## Greco Travel Statement

### Instructor

Name	_____
Address	_____
City/State/Zip	_____

	Date	Description/Destination	# MILES
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

\*\* Mileage may be verified by the Diocese of Shreveport.

### For Office Use Only

Approved by	Total

Completed Form can be emailed or faxed to Greco Institute 318-868-4456