

2024 EXPENSE CLAIM FORM FOR TRUSTEES

NAME _____

TRAVEL

DATE	PURPOSE OF TRIP (Workshop, meeting, etc)	LOCATION <i>From:</i>	<i>To:</i>	ROUND TRIP MILEAGE	2024 Reimbursement Amount 67 cents/mile

GRAND TOTAL \$.....

I hereby certify that the above is just, true and correct; that no part has been paid except as stated therein; that the balance therein is actually due and owing.

Signature

Date

Executive Director approval

Grant # if applicable

Business Office approval

****Expenses Must Be Submitted Within One Week Of Final Board Meeting****

PLEASE ATTACH RECEIPTS WHENEVER POSSIBLE

Submit form to MHLS Business Office