2023 TRUSTEE EXPENSE CLAIM FORM

NAME _____

_____

ADDRESS _____

DATE	PURPOSE OF TRIP (Meeting, workshop, etc)	LOCATION From:	To:	MILEAGE - ROUND TRIP	2023 REIMBURSEMENT AMOUNT - 0.655
				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.

Signed _____ Date _____