2020 TRUSTEE EXPENSE CLAIM FORM

NAME _____

ADDRESS _____

_____

DATE	PURPOSE OF TRIP (Meeting, workshop, etc)	LOCATION From:	To:	MILEAGE - ROUND TRIP	2020 REIMBURSEMENT AMOUNT - 0.575

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 _____