

DISTRICT IV
 BOARD OF DIRECTORS' EXPENSES
 (Please attach receipts)



Name: _____ Date: _____

Position: _____ Address: _____

TRAVEL:

Date	Event	From	To	Miles	Rate	Total Mileage or airfare
_____	_____	_____	_____	_____	x .44	_____
_____	_____	_____	_____	_____	x .44	_____
Total Travel						_____

MEALS: flat \$50.00 per day, no receipts required

Dates	Event	City/Town	No. Days	Rate	Total
_____	_____	_____	_____	x \$50.00	_____
_____	_____	_____	_____	x \$50.00	_____
Total Meals					_____

LODGING: up to \$150.00 per night, attach receipts

Dates	Event	City/Town	No. Nights	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Lodging				_____

OTHER EXPENSES: (Please describe, e.g., postage, copying, new lodge)

_____	_____	
_____	_____	
Total Other		_____

Signature _____ **TOTAL EXPENSES** _____