

DISTRICT IV BOARD OF DIRECTORS/OFFICERS EXPENSE

Name: _____ Date: _____

Address*: _____ Position: _____

City, State/Province: _____ Zip: _____

*or affix address label

Travel (Mileage / Airfare)

Date	Event	From	To	Miles	Rate	Total \$
_____	_____	_____	to _____	_____	X \$.44	= \$ _____
_____	_____	_____	to _____	_____	X \$.44	= \$ _____
_____	_____	_____	to _____	_____	X \$.44	= \$ _____
_____	_____	_____	to _____		Ticket Cost	= \$ _____

Per Diem – Daily meals

Date	Event	Location	# of Days	Daily Rate	Total \$
_____	_____	_____	_____	X \$65	= \$ _____
_____	_____	_____	_____	X \$65	= \$ _____
_____	_____	_____	_____	X \$65	= \$ _____

Lodging; Actual Cost, up to \$150/night. (Must attach receipts)

Date(s)	Event	Location	Rate+taxes/night	Total Lodging \$
_____	_____	_____	\$ _____	= \$ _____
_____	_____	_____	\$ _____	= \$ _____

Other expenses (describe please)

_____				= \$ _____
_____				= \$ _____

Total All Expenses = \$ _____

Signature _____

Date _____

*Use second sheet if necessary