PLEASE NOTE: *MEETING EXPENSES MUST BE SUBMITTED WITHIN 60 DAYS OF THE MEETING DATE IF THEY ARE TO BE REIMBURSED.*

Date _____

CHECK REQUEST - MEETING EXPENSE

PAY TO _____

Address _____
Street City State Zip Code

Meeting/Activity _____ Date _____

CAR POOL ROSTER:

_____

_____

_____

_____

MEETING EXPENSE:

Mileage _____ @ **$0.14/mi** $_____

From _____ to _____

Tolls and Parking _____

Meals _____

Postage _____

Telephone _____

Other Expenses:

_____

_____

_____

TOTAL MEETING EXPENSE $ _____

Please attach receipts for all expenses other than mileage.

_____
Approved by Chairperson of Board or Agency

Budget/Account # _____

☐ **I would like this to be a contribution; please send receipt**