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| **Agency Name****Agency Street/mailing Address****Agency City ST, Zip**BOARD MEMBER TRAVEL RECORD/REQUEST FOR PAYMENT |
| Name:       Home Address:                            Location of Meeting/Activity:       Purpose:        |
| Departure Date:       Departure Time:       Return Date:      Return Time:        |
| **MODE OF TRAVEL***Please Attach Receipts for All Expenses Claimed*[ ]  Plane [ ]  Rental Car [ ]  Private Car [ ]  Taxi/Shuttle [ ]  Other:       Fare for travel:       Parking Charge:       From:       To:       From:       To:       Mileage (*Roundtrip):*       Point to Point:       Vicinity:       |
| **LODGING EXPENSES****Please Attach Receipts for All Lodging Expenses**[ ]  Lodging Receipt |
| I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.**SIGNATURE OF TRAVELER: DATE:**  |
| **APPROVED BY: DATE:** |