|  |
| --- |
| **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:** |