

2008 EXPENSE CLAIM FORM FOR MHLS STAFF AND TRUSTEES

NAME _____

TRAVEL

DATE	PURPOSE OF TRIP (Workshop, meeting, etc)	LOCATION <i>From:</i>	<i>To:</i>	ROUND TRIP MILEAGE	AMOUNT for '08 50.5c

MEALS, CONFERENCE FEES & LODGING

DATE	IDENTIFY AND ITEMIZE EXPENSES	PLACE	AMOUNT

OTHER EXPENSES

DATE	IDENTIFY AND ITEMIZE EXPENSES	PLACE	AMOUNT

GRAND TOTAL \$.....

I hereby certify that the above is just, true and correct; that no part has been paid except as stated therein; that the balance therein is actually due and owing.

Signature

Date

Supervisor approval if applicable

Grant # if applicable

Business Office approval

PLEASE ATTACH RECEIPTS WHENEVER POSSIBLE
Submit form to MHLS Business Office