2026 Expense Claim Form for Trustees

Name: _____

Travel

Date	Purpose of Trip: (Workshop, Meeting, ETC)	Location From:	Location To:	Round Trip Mileage	Reimbursement Amount at: 76 Cents/Mile

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: _____

Executive Director Approval: _____

Business Office Approval: _____

Grant # if Applicable: _____

Expenses Must Be Submitted Within One Week of the Final Board Meeting for the Year
Please Attach All Receipts Before Submitting Form to the MHLS Business Office (Parking, Hotel, ETC)