Name _____ Position _____

2009-2010 District 5M1
Expense Claim Form

Project _____ Date Submitted _____

Telephone Calls

Date	To Whom	Reason	Cost

Total ----------

(Attach copy of telephone bill.)

Lodging

(Not to exceed $50 per day)

Date	Hotel/Motel	Reason	Cost

Total ----------

(Attach copy of all receipts.)

Meals

Date	Reason	Cost

Total ----------

(Attach copy of all receipts.)

Postage

Date	To Whom	Reason	Cost

Total ----------

Supplies

Date	Item Description / Reason	Cost

Total ----------

(Attach copy of all receipts.)

Mileage

Date	Destination	Miles	Cost

Total (reimbursed at 30 cents per mile) ----------

Total Phone Calls	----------
Total Lodging	----------
Total Meals	----------
Total Postage	----------
Total Supplies	----------
Total Mileage	----------
Grand Total	

Your Signature _____

DG Initials _____