

Name _____ Position _____

**2004-2005 District 5M1
Expense Claim Form**

Project _____ Date Submitted _____

Telephone Calls			
Date	To Whom	Reason	Cost
Total			-----
(Attach copy of telephone bill.)			

Postage			
Date	To Whom	Reason	Cost
Total			-----

Supplies		
Date	Item Description / Reason	Cost
Total		-----
(Attach copy of all receipts.)		

Lodging			
(Not to exceed \$50 per day)			
Date	Hotel/Motel	Reason	Cost
Total			-----
(Attach copy of all receipts.)			

Mileage			
Date	Destination	Miles	Cost
Total			-----
(reimbursed at 26 cents per mile)			

Meals		
Date	Reason	Cost
Total		-----
(Attach copy of all receipts.)		

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

Your Signature _____

DG Initials _____