

MHV Travel Expenses



Name _____

Address _____

Telephone number _____

Position in MHV _____

Reason for expense _____

Event _____

EXPENSES

Meals \$15 per day; limit \$5 per meal.

<i>Date</i>	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	<i>Total</i>

Telephone calls: Attach portion of bill showing calls made.

<i>Date</i>	<i>To</i>	<i>Purpose</i>	<i>Phone Number</i>

Lodging: Attach receipt for lodging except when staying in a MSU dormitory.



Mileage: Claim only if traveling in personal vehicle. \$ _____

Odometer Reading:

<i>Date</i>	<i>From</i>	<i>To</i>	<i>Begin</i>	<i>End</i>	<i>Miles</i>

No mileage claimed: I rode with the following:

Name(s): _____

_____ total miles @ \$ _____ per mile = total \$ _____

Mail this form to:
Kaye Bales, MHV State Treasurer
8420 Neptune Avenue
Ocean Springs, MS 39564

Member signature: _____

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By Sylvia Clark, Extension Associate I, MSU Extension Administration.



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