G:/WF/Support/SRDCPP/CommExp.xls

Treasurer's Signature _____

SOUTHWEST REGIONAL DEVELOPMENT COMMISSION
Commissioner Expense Report

Name: _____ Employee Expense Report for: _____ to _____

NOTE: For all costs excluding mileage, please code line [DB] for Direct Bill or list amount if paid personnally.

*Number of miles traveled times the reimbursement rate (.50¢ per mile-effective **1-1-10**)

**Per Diem = $50.00 a meeting for a maximum of $50 a day

			MILEAGE				MEALS			LODGING	OTHER		
DATE	LOCATION	REASON FOR TRAVEL	TOTAL # OF MILES		*TOTAL = (MILEAGE X .50)	**PER DIEM	B	L	D	DB or Attach Receipt	AMOUNT (Attach Receipt)	**OFFICE USE** Fund Code	TOTAL
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
				x .50									
TOTALS													
												Total Expenses	

I declare under penalty of law that this claim is just and correct and that no part of it has been paid. I understand that any applicable taxes will be withheld from a future payroll check according to IRS regulations.

Signed _____ Date _____

FOR OFFICE USE ONLY:

CHECK # _____

DATE _____

AUTHORIZATION _____