**SOUTHWEST REGIONAL DEVELOPMENT COMMISSION**
Commissioner Expense Report

Name: ___________________________________________ Commissioner Expense Report for: ____________________________ to ____________________________

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

*Number of miles traveled times the reimbursement rate (.585¢ per mile-effective 1-1-22)*

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

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<thead>
<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>SPECIFIC COMMITTEE MEETING YOU ATTENDED / REASON FOR TRAVEL</th>
<th>TOTAL # OF MILES</th>
<th><strong>TOTAL</strong> = (MILEAGE X .585)</th>
<th><strong>PER DIEM</strong></th>
<th>MEALS</th>
<th>LODGING</th>
<th>OTHER</th>
<th><strong>OFFICE USE</strong> Fund Code</th>
<th>TOTAL</th>
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<td>DB or Attach Receipt</td>
<td>AMOUNT</td>
<td><strong>OFFICE USE</strong> Fund Code</td>
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**TOTALS**

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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 my responsibility according to IRS regulations.

Signed ___________________________ Date ___________________________

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FOR OFFICE USE ONLY:

CHECK # ___________________________
DATE ___________________________
AUTHORIZATION ___________________________

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Treasurer's Signature ___________________________