

Treasurer's Signature _____

**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 (.58.5¢ per mile-effective 1-1-22)
 **Per Diem = \$50.00 a meeting for a maximum of \$50 a day

DATE	LOCATION	SPECIFIC COMMITTEE MEETING YOU ATTENDED / REASON FOR TRAVEL	MILEAGE			**PER DIEM	MEALS			LODGING	OTHER	**OFFICE USE** Fund Code	TOTAL
			TOTAL # OF MILES		*TOTAL = (MILEAGE X .58.5)		B	L	D	DB or Attach Receipt	AMOUNT (Attach Receipt)		
				x .585									
				x .585									
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				x .585									
				x .585									
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 my responsibility according to IRS regulations.
 Signed _____ Date _____

FOR OFFICE USE ONLY:
 CHECK # _____
 DATE _____
 AUTHORIZATION _____