G:/WF/Finance/Forms/Commissioner Forms & Letters/ Commissioner Expense Sheets/SRDC Commissioner Expense Sheet 7.1.22

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 (.62.5¢ per mile-effective **7-1-22**)

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

| | | | MILEAGE | | | | MEALS | | | LODGING | OTHER | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | LOCATION | SPECIFIC COMMITTEE MEETING YOU ATTENDED / REASON FOR TRAVEL | TOTAL # OF MILES | | *TOTAL = (MILEAGE X .62.5) | **PER DIEM | B | L | D | DB or Attach Receipt | AMOUNT ( Attach Receipt) | **OFFICE USE** Fund Code | TOTAL |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| | | | | x .625 | | | | | | | | | |
| 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 responsiblity according to IRS regulations.

Signed _____ Date _____

***FOR OFFICE USE ONLY:***

***CHECK #*** _____

***DATE*** _____

***AUTHORIZATION*** _____