

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 (.70¢ per mile-effective 1-1-25)**

**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			B	L	D	DB or Attach Receipt	AMOUNT (Attach Receipt)		
				x .70								
				x .70								
				x .70								
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				x .70								
				x .70								
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 _____