

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 (.72.5¢ per mile-effective 1-1-26)**

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

DATE	LOCATION	SPECIFIC COMMITTEE MEETING YOU ATTENDED / REASON FOR TRAVEL	MILEAGE				MEALS			LODGING	OTHER	**OFFICE USE** Fund Code	TOTAL
			TOTAL # OF MILES		*TOTAL = (MILEAGE X .725)	**PER DIEM	B	L	D	DB or Attach Receipt	AMOUNT (Attach Receipt)		
				x	.725								
				x	.725								
				x	.725								
				x	.725								
				x	.725								
				x	.725								
				x	.725								
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				x	.725								
				x	.725								
				x	.725								
				x	.725								
				x	.725								
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 _____