G:/WF/Support/SRDCPP/CommExp.xls

Treasurer's Signature _____

# SOUTHWEST REGIONAL DEVELOPMENT COMMISSION
## Commissioner Expense Report

Name: _____ Employee Expense Report for: _____ to _____

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

*Number of miles traveled times the reimbursement rate (.555¢ per mile-effective 7-1-11)

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

| | | | MILEAGE | | | | MEALS | | | LODGING | OTHER | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | LOCATION | REASON FOR TRAVEL | TOTAL # OF MILES | | *TOTAL = (MILEAGE X .555) | **PER DIEM | B | L | D | DB or Attach Receipt | AMOUNT ( Attach Receipt) | **OFFICE USE** Fund Code | TOTAL |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
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| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| | | | | x .555 | | | | | | | | | |
| 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 withheld from a future payroll check according to IRS regulations.

Signed _____ Date _____

***FOR OFFICE USE ONLY:***

***CHECK #*** _____

***DATE*** _____

***AUTHORIZATION*** _____