

EAST MISSOURI ACTION AGENCY, INC.
 403 Parkway Drive, Post Office Box 308
 Park Hills, Missouri 63601

"An Equal Opportunity / Affirmative Action Employer"

BOARD, POLICY COUNCIL AND COMMITTEE MEMBER EXPENSE REPORT

NAME _____ BOARD/COMMITTEE _____

STREET _____ MONTH _____

CITY _____ PHONE NO. _____

Mileage details:

DATE	FROM-TO	PURPOSE	TOTAL # OF MILES

*Reimbursement for travel is .57 cents per mile and is based on standard distances shown in the chart on the back of this form, with adjustments for distance other than those listed on the chart.

DATE	CHILDCARE-PLEASE EXPLAIN	NO. OF HOURS	PAY PER HOUR	AMT

 Traveler's Signature Date

APPROVED BY

Program Director (when appropriate) _____ Date _____

Executive Director _____ Date _____

A.D.H. _____ Date _____

FOR OFFICE USE ONLY:

Travel _____
 Childcare _____ Check No. _____
 Other _____ Date _____
 Meals _____
 Total _____