

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	NO. OF MILES

* Reimbursement for travel is 42 cents per mile and is based on standard distances shown in the chart on the back of this form, with adjustments for distances other than those listed on the chart.

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

**You may claim up to \$9 for lunch and \$15 for dinner in the EMAA service area.

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 _____