

Fishermen's Marketing Association  
P.O. Box 9079  
Eureka, CA 95502  
707-441-0689

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DATE	LOCATION	MEALS	LODGING	TOTAL

MILEAGE (@ \$0.655/mile): \_\_\_\_\_

AIRFARE: \_\_\_\_\_

TAXIS OR SHUTTLES: \_\_\_\_\_

PARKING: \_\_\_\_\_

RENTAL CAR: \_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

TOTAL EXPENSE CLAIM \_\_\_\_\_