

Fishermen's Marketing Association
P.O. Box 1720
Gold Beach, OR 97444
541-251-1975

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PURPOSE OF TRAVEL: _____

DATE	LOCATION	MEALS	LODGING	TOTAL

MILEAGE (@ \$0.505/mile):

AIRFARE:

TAXIS OR SHUTTLES:

PARKING:

RENTAL CAR:

OTHER (Specify):

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TOTAL EXPENSE CLAIM

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