

Fishermen's Marketing Association
P.O. Box W
Lakeside, OR 97449
541-251-1975

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PURPOSE OF TRAVEL: _____

DATE	LOCATION	MEALS	LODGING	TOTAL

MILEAGE (@ \$0.545/mile): _____

AIRFARE: _____

TAXIS OR SHUTTLES: _____

PARKING: _____

RENTAL CAR: _____

OTHER (Specify): _____

TOTAL EXPENSE CLAIM