



## MILEAGE FORM

Meeting Date(s) \_\_\_\_\_

Meeting of \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

FOR INSURANCE PURPOSES, IT IS IMPORTANT THAT YOU COMPLETE THE UPPER PORTION OF THIS FORM WHETHER OR NOT YOU HAVE EXPENSES TO REPORT.

Travel insurance is provided for the protection of all Convention elected board and committee members traveling to, while attending, and returning from this meeting.

If you should be involved in an accident related to your attendance at this meeting, claims must be made within 30 days after injury. Write to Thomas Jordan, 300 Johnny Bench Dr Ste 300, Oklahoma City, OK 73104, regarding claims.

ATTACH receipt or credit card copy for any single expenditure in excess of \$25. If you have hotel/motel charges, attach copy of hotel/motel bill.

### EXPENSES

Transportation

Miles traveled (round trip) \_\_\_\_\_ x .725 cents per mile.....\$ \_\_\_\_\_

Meals.....\$ \_\_\_\_\_

Lodging.....\$ \_\_\_\_\_

Tolls .....\$ \_\_\_\_\_

Other Expenses .....\$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_

Signed \_\_\_\_\_