

Board Mileage & Per Diem Report

Name _____

Address _____

Per Mile

\$0.725

Per diem

Date	Starting Location	Destination	Reason for Travel	Miles	Mileage Paid	\$50 per day
				Totals		

For Office Use Only

Element	GL Code	Amount
Total		

Grand Total

I certify that this statement, the amount claimed and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Signature

Date