



Missouri Valley Community ACTION Agency

Out of Area Travel Expense Report

Name		Purpose						
Destination		Approved						
Date	Time Depart/Arrive	Per Diem	Lodging	Misc	Odometer Start/Ending	Total Miles	Amount	Daily Total
Total								

Total Expense _____

Per Diem Advance _____

Advance _____

Current Per Diem Rate is \$40.00 (\$8, \$12, & \$20)

Total Due MVCAA _____

Total Due Traveler _____

Motel X _____

I do solemnly swear or "affirm" the above claim is correct, that the expense was necessary to the business of the corporation, that payment has been made from personal funds and that I have not been reimbursed. I have not or will not receive payment from any other source .

Signed _____ Date _____

Fiscal _____ Date _____