

Fishermen's Marketing Association  
1585 Heartwood Dr., Suite E  
McKinleyville, CA 95519  
707-840-0182

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DATE	LOCATION	MEALS	LODGING	TOTAL

MILEAGE (@ \$.50/mile):	.....	
AIRFARE:	.....	
TAXIS OR SHUTTLES:	.....	
PARKING:	.....	
RENTAL CAR:	.....	
OTHER (Specify):	.....	

TOTAL EXPENSE CLAIM