

**PER DIEM & TRAVEL EXPENSE VOUCHER**

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

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

PERIOD COVERED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Day of Month	Description	Per Diem Amount	Mileage/Meals/Other

**NOTE:** Please attach meal receipts, hotel receipts, parking receipts, etc., in accordance with MSHN Travel Policy and MSHN Board Member Compensation Policy.

\_\_\_\_\_  
MSHN Board Member Signature                      Date