MSHN
Mid-State Health Network

Board of Directors

PER DIEM & TRAVEL EXPENSE VOUCHER

NAME: _____

MAILING ADDRESS: _____

PERIOD COVERED: FROM: _____ TO: _____

Day of Month	Description	Per Diem Amount Account #02-90-963-7375-000	Mileage/Meals/Other Account #02-90-963-7572-000

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

MSHN CEO Signature Date