



Substance Use Disorder (SUD) Regional Oversight Policy Board (OPB)

PER DIEM & TRAVEL EXPENSE VOUCHER

NAME: _____

MAILING ADDRESS: _____

PERIOD COVERED: FROM: _____ TO: _____

Day of Month	Description	Per Diem Amount 02-90-891-7375-000	Mileage/Meals/Other 02-90-891-7572-000

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

SUD OPB Board Member Signature Date

MSHN CEO Signature Date