

## **Board of Directors**

## PER DIEM & TRAVEL EXPENSE VOUCHER

NAME:	DRESS:		
PERIOD COV	ERED: FROM:	то:	
Day of Month	Description	Per Diem Amount Account #02-90-963-7375-000	Mileage/Meals/Other Account #02-90-963-7572-000
	se attach meal receipts, hotel receipt and MSHN Board Member Compens		cordance with MSHN
	MS	SHN Board Member Signature	e Date
		SHN CEO Signature	Date