



COUNCIL ON HUMAN SERVICES EXPENSES

NAME: _____ DATE: _____

Maximum allowable expenses are as follows:

Breakfast	\$12.00
Lunch	\$15.00
Dinner	<u>\$29.00</u>
Total for Meals	\$56.00

Lodging	\$83.00 plus tax
Mileage	\$.50 per mile
Per Diem	\$50.00 per day

Time and Date of Departure: _____
 Round trip mileage: _____
 Hotel charges (if applicable): _____

Day 1

- Breakfast _____
- Lunch _____ Supplied by HHS
- Dinner _____

Day 2 (if applicable)

- Breakfast _____
- Lunch _____
- Dinner _____

Time and Date of Arrival _____

Parking _____

Miscellaneous (Please list) _____

All restaurant receipts need to have name and address of restaurant, detailed order, totals, and be signed by council member. Thank you.