

Outdoor Heritage Fund  
 Information for OHF Meeting Expense Accounts Date: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Dates	Hour Depart & Arrive Home	Points Covered by Travel	No. of miles	Claiming B, L or D*	Lodging**	Misc. Expense***
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are you claiming reimbursement for vehicle mileage for round trip? \_\_\_ Yes \_\_\_ No

If an amount less than a round trip is claimed, please give instructions for the travel voucher. \_\_\_\_\_

Commercial transportation expense \_\_\_\_\_ (Receipts required except taxi fares of \$10 or less.)

*Maximum Meal Reimbursement (in State):	Breakfast-6:00 am - 12:00 noon	\$7.00
	Lunch-12:00 noon - 6:00 pm	10.50
	Dinner-6:00 pm to 12:00 midnight	17.50

\*\* Lodging reimbursement is actual lodging expense, not to exceed state government rate plus tax. Actual hotel receipts required credit card receipts not acceptable. When spouses accompany, please indicate single rate on hotel receipt.

\*\*\* All miscellaneous expenses must be itemized such as cab, conference calls, etc. Taxi fare cannot be claimed if car mileage is claimed. Miscellaneous items over \$1.99 require a receipt.

NOTE: PLEASE SIGN THIS INFORMATION SHEET TO CERTIFY THAT THIS CLAIM IS CORRECT.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Total \_\_\_\_\_  
Approved from OHF.