<table>
<thead>
<tr>
<th>Date</th>
<th>Transportation: From/To</th>
<th>Purpose of Travel</th>
<th>Miles</th>
<th>Rate</th>
<th>$ Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Miles: 0.275

**Miscellaneous Expenses**

- **Transportation**: Car rental, plane ticket, taxis, etc.
  - **Rate**: n/a
  - **$ Total**: n/a
- **Other Transportation**: Gas (car rental only), parking, etc.
  - **Rate**: n/a
  - **$ Total**: n/a
- **Overnight Accommodations**: Hotel, Motel, etc.
  - **$ Total**: n/a

**Meals**

- **Breakfast**: ___
- **Lunch**: ___
- **Dinner**: ___
  - **Rate**: see above

**Meals** -- Per Diem: $25

**Other** - please describe: n/a

**TOTAL EXPENSES** (equals) **TOTAL REIMBURSEMENT**

**CONTRIBUTIONS to NMHC**

**DONATED TIME**

Examples: Reading grants, preparing for a meeting, meeting attendance, etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>For What Activity</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$525/day</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$525/day</td>
<td>$</td>
</tr>
</tbody>
</table>

**OTHER CONTRIBUTIONS**

(Attach description/documentation)

**In-Kind DONATION TOTAL**

I certify that:

1) Travel expenses were reasonable and necessary and have not been reimbursed from any other source.

2) Time and other contributions are accurately reported and other assessed at their fair market value.

Signature of payee: Date:

Address:

City, State, & Zip: