

MAFP Speaker Travel Expense Voucher

Name: _____

Date: _____

Address: _____

Meeting: **MAFP CME on the Coast Conference
October 23-25, 2020
South Beach Events Center, Biloxi MS**

Signature: _____

ATTACH RECEIPTS

Detail	FRI	SAT	SUN					Total
Date:	10/23	10/24	10/25					
Honorarium								
Travel								
To: /From:								
To: /From:								
Airline Charges (Coach Fare Only)								
Automobile								
____ miles @ .54/mile								
Local Transportation								
Hotel								
Breakfast								
Lunch								
Dinner								
Tips/Gratuities								
Total								

Submit form with all receipts attached to:

MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS
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