LODGING STATEMENT IN LIEU OF RECEIPTS

"I hereby certify that lodging was obtained as indicated below, and that the receipt was impracticable to obtain/inadvertently lost/destroyed or reflects more than one (1) occupant. I further certify that the amount listed includes lodging cost to include tax only and does not include any other expense. I understand that the information supplied may be investigated for validity".

1. Name of Establishment: _____
   (Required) _____

2. Address/Telephone No: _____
   (Required) _____
   _____

3. Inclusive Dates: _____
   _____
   _____

4. Number of Occupants:

5. Daily Room Rate to Include Tax (Indicate single rate when Item 4 includes occupants not under official orders, or share paid when occupants were under official orders with name and organization of person sharing room): _____
   _____

6.

Daily Rate (Include Tax) (Member Paid)		No. of Nights Member Incurred Lodging		Total Member Paid
$	X	$	=	$

7. Additional Remarks:

_____
_____
_____
_____
_____

(Signature) (SSN) (Date)

MCB FORM 7200/5 (6/99) (EF)

PREVIOUS EDITIONS ARE OBSOLETE

Designed Using FormFlow 2.2
MCB/ADJ June 1999