

# MAFP Speaker Travel Expense Voucher

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Meeting:     **MAFP Spring Conference**  
                   **July 17, 21, 2021**  
                   **Baytowne Conference Center, Sandestin, FL**

Signature: \_\_\_\_\_

**ATTACH RECEIPTS**

Detail	FRI	SAT	SUN					Total
Date:	4/23	4/24	4/25					
Honorarium								
Travel								
To:           /From:								
To:           /From:								
Airline Charges (Coach Fare Only)								
Automobile								
_____ miles @ .54/mile								
Local Transportation								
Hotel								
Breakfast								
Lunch								
Dinner								
Tips/Gratuities								
<b>Total</b>								

**Submit form with all receipts attached to:**

**MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS**  
 755 Avignon Drive • Ridgeland, MS 39157  
 Phone: 601-853-3302 • Fax: 601-853-3002 • [beth@msafp.org](mailto:beth@msafp.org)