

Hazard Mitigation Plan Expense Tracking Sheet for In-Kind Match

Name: _____ Signature: _____ County: Gasconade Jurisdiction: _____
 (Please print) (Required) (Required)

Title: _____
 (Required)

Date	Activity: Reviewing Plan, Researching, Meetings, etc.	(A) Time Spent	(B) Hourly Pay Rate (\$25.96)	(C) Total (A*B)	(D) Mileage (Round Trip)	(E) FMR (D*\$0.575)	(F) Total (C+E)	(G) Meals Total	(H) Total (F+G)
TOTAL									

Note: \$25.96 = Federal Volunteer Rate; \$0.575 = Federal Mileage Rate; Meal receipts required

Please return completed form to MRPC, 4 Industrial Drive, St. James, Mo. 65559, or email to tsnodgrass@meramecregion.org or meramecregion.org, or fax to (573) 265-3550. If you have questions, please contact Tammy Snodgrass at (573) 265-2993, ext. 104.
 10/29/2020