

Reimbursement Form

NAME: _____

ADDRESS: _____

DATE: ____ / ____ /20 am pm— ____ / ____ /20 am pm

PURPOSE: _____

Costs

Reimbursement

Requested _____

Travel: Personal Auto (number of miles _____ x .44) \$ _____

Breakfast \$6 x _____ \$ _____

Lunch \$9 x _____ \$ _____

Dinner \$15 x _____ \$ _____

Hotel* _____ \$ _____

Other (tolls, parking, tips, rentals) _____ \$ _____

**Please attach receipts*

Total \$ _____

SIGNATURE: _____

DATE: _____

Reimbursement Guidelines

- **Meals:** Meals will be reimbursed (if not provided) with a limit of \$30.00 per day. Receipts are not required. Reimbursement is for cost of meals used in travel day based on time in and out. Out-of-state per diem is \$50.00 a day (\$10 breakfast, \$15 lunch \$25 dinner).
- **Travel:** Travel will be reimbursed for common carrier at the rate of the lowest available fare. Mileage will be reimbursed at \$.44 per mile. Car pooling is strongly encouraged. If travel exceeds 200+ miles, the Chapter will pay overnight room (double occupancy whenever possible).
- **Hotel:** Due to the financial necessity to share rooms, the Chapter will reimburse one-half of the actual room cost. When it is not possible or appropriate to share a room, the Chapter will reimburse the full cost. Receipt required.

The above travel policies apply to all approved Chapter activities.