

AAUW Florida Travel Reimbursement Form

DATE: _____

PAY TO: Name: _____

Street Address: _____

City: _____ Zip _____

Email: _____

PURPOSE OF TRAVEL: _____

Dates attending the meeting _____ to _____.

PURCHASES (Attach receipts for items purchased)

Item	Cost
1. _____	\$ _____

2. _____	\$ _____
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TOTAL PURCHASES \$ _____

MILEAGE (Driver only. No receipts needed. Mileage is reimbursed at 30 cents per mile)

Distance from start to destination and return _____ x \$0.30 = \$ _____

HOTEL (Attach receipts. Reimbursement for one-half the cost of the room.)

Nights in the hotel: _____.

Total cost of hotel (including taxes and fees) \$ _____ / 2 = \$ _____

TOTAL MILEAGE AND HOTEL \$ _____

LOBBY DAYS ONLY

FOOD (Attach receipts. Reimbursement for up to \$15/day)

Day 1 \$ _____

Day 2 \$ _____

Day 3. \$ _____

TOTAL FOOD \$ _____

LOCAL TRAVEL (Reimbursement based on mileage)

Distance from start to destination and return _____ x \$0.30 = \$ _____

Uber/Taxi (Attach receipts. Reimbursement is the lesser of the cost or the mileage.)

SIGNED: _____ **TOTAL** \$ _____

TREASURER: Date Paid: _____. Check # _____ Amount \$ _____