



## MEMBER TRAVEL REIMBURSEMENT FORM

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name & Date(s) of Training/Event/Meeting \_\_\_\_\_

Attach copy of the agenda, course outline, brochure, etc.

SUBMIT WITHIN 30 DAYS FOLLOWING ATTENDANCE AT A TRAINING/EVENT/MEETING

**INSTRUCTIONS:**

1. Complete in ink.
2. Be sure ALL areas are completed. **MUST INCLUDE ODOMETER READINGS** in order to receive mileage reimbursements.
3. Be sure to **SIGN YOUR NAME & DATE** and forward to DFC Coordinator.
4. Include only one training/event/meeting per form.
5. Attach receipts for lodging, public transportation, and/or training fees.

**A. MILEAGE**

Date	City Departed From	Beginning Odometer Reading	City Arrived At	Ending Odometer Reading	MILES
Must complete both lines for a round trip. <span style="float: right;">.535/mile x</span>					

**B. MEALS**

Date	Time of Departure and Return	Meals – B, L, D (including tips)	Amount Allowed	TOTAL

Meal Reimbursement Rates: Breakfast = at or before 6:30am = in state 9.50, out \$11 (Up to 15% Gratuity Allowed) Lunch = 10am-2pm = in state \$12, out \$14  
 Dinner = at or after 6pm = in state \$24, out \$26

- C. LODGING (attach receipts)
- D. PUBLIC TRANSPORTATION (attach receipts)
- E. TRAINING FEES (attach receipts)

**TOTAL**

**CHECK ONE:**

- \_\_\_\_ For Payment
- \_\_\_\_ In-Kind Donation

**Total Amounts**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Submitting

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DFC Coordinator or Designee

\_\_\_\_\_  
Date