

Board Member | Board Alternate | Committee Member Travel Expense Claim Form 2017

Meeting Attended:	Date	Location	
Personal Car Mileage		Miles	Cost
Personal car mileage is reimbursed at the currer	ntly allowable IRS rate 0f \$0.535 per mile		
Rental Car			
\$75/day maximum. Attach original receipt.			
Commercial Airline			
\$600/day maximum. Attach original receipt.			
Private or Chartered Aircraft		Passengers	
\$800 per person. Up to 400 miles roundtrip			
\$1000 per person. Over 400 miles roundtrip			
When transporting other board members, attac	h a signed sheet stating all passengers		
Hotel Room + Tax			
\$150 per day maximum. Attach original receipt			
Meals	Date(s)	Meals	
Breakfast \$10			
Lunch \$15			
Dinner \$30			
If you paid for another member's meal, please in	ndicate the person's name:		
Parking			
Attach receipt for charges in excess of \$10			
Taxi, train or bus fare; Tolls			
Attach receipts.			
	Total Expenses Claimed		
		ı	
Name	Signature	Date	
Make check payable to:			