

2020 EXPENSE REIMBURSEMENT FORM

[PLEASE SUBMIT ORIGINAL WITH RECEIPTS]

This form should be submitted within 30 days of completing travel, but no later than the end of the fiscal year. Allowable expenses are reimbursed per the travel & expense policy (103.003).

Name: _____

Position: Exec. Board Other: _____

Member Entity:

Travel Type: Exec. Meeting Board Meeting Training: _____

Date(s): _____ Grant Application: Submitted Attached

Meals:

Maximum Reimbursable (including tip): Breakfast \$12.00; Lunch \$15.00; and Dinner \$30.00

Date	Breakfast		Lunch		Dinner		TOTAL	
	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>
							\$	\$
							\$	\$
							\$	\$
							\$	\$

Other Expenses:

	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>
Car Rental <i>[include gas]</i>	\$ _____	\$ _____
Cab / Shuttle / Parking / Tolls	\$ _____	\$ _____
Airfare	\$ _____	\$ _____
Hotel	\$ _____	\$ _____
Other <i>[describe below]</i>	\$ _____	\$ _____

Mileage – Select Vehicle:

	<i>Personal Vehicle</i>	<i>Entity Vehicle</i>
<i>(miles) x \$0.57.5</i>	\$ _____	\$ _____
<i>[IRS Rate eff. 1/1/20]</i>		

Process Check(s): To Entity: \$ _____ *Mailed to Entity*

To Individual: \$ _____ *Mailing Address:*

Entity Other: _____

Signature: _____

Date: _____

Comments/Description: _____

FOR PARSAC'S USE: Grant Amount: Total Pd. Pd. Individual Pd. Entity Other \$ _____