

**2020 Travel Claim Form**

|  |
| --- |
| **Claimant Name** |
| Address 1 |
| Address 2 |
| City, State, Zip |
| Dates of Trip |
| Destination |
| Purpose |

**Expense Summary**

|  |  |
| --- | --- |
| **A. Your Travel Expenses** |  |
| Your Ticket | $0.00 |
| Taxi/Limo/Metro | $0.00 |
| Parking/Tolls | $0.00 |
| Rental Car & Fuel | $0.00 |
| Baggage Handling Tips & Fees | $0.00 |
| Other | $0.00 |
| Private Auto | $0.00 |
| Sub-Total | $ 0.00 |
| **B. Spouse Travel Expenses** |  |
| Spouse Ticket | $0.00 |
| Spouse Tax Reimbursement (entered by Finance) |  |
| Sub-Total | $0.00 |
| **C. Subsistence Expenses** |  |
| Hotel | $0.00 |
| Meals | $0.00 |
| Baggage & Service Tips – Hotel | $0.00 |
| Other | $0.00 |
| Sub-Total | $ 0.00 |
| **D. Special Expenses** |
|  |
| Telephone | $0.00 |
| Audio Visual Support | $0.00 |
| Other | $0.00 |
| Sub-Total | $ 0.00 |
|  |  |
| **Total Expenses** | $0.00 |

Signature of Claimant Date

**Daily Travel Expense Record**

(name)

**Paid by You**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date(s) |  |  |  |  |  |  |  |  |
| **A/B. Travel Expense** |  |  |  |  |  |  |  |  |
| Your Ticket |  |  |  |  |  |  |  | $0.00 |
| Spouse Ticket |  |  |  |  |  |  |  | $0.00 |
| Taxi/Limo/Metro |  |  |  |  |  |  |  | $0.00 |
| Parking/Tolls |  |  |  |  |  |  |  | $0.00 |
| Rental Car |  |  |  |  |  |  |  | $0.00 |
| Fuel for rental |  |  |  |  |  |  |  | $0.00 |
| Baggage Tips & Fees |  |  |  |  |  |  |  | $0.00 |
| [other - specify] |  |  |  |  |  |  |  | $0.00 |
|  |  |  |  |  |  |  |  |  |
|  | **Total private auto miles**(enter **miles,** not cost, in block to left) | **Mileage Rate is 57.5 cents/mile** | $0.00 |
| **C. Subsistence Expense** |  |  |  |  |  |  |  |  |
| Hotel |  |  |  |  |  |  |  | $0.00 |
| Breakfast |  |  |  |  |  |  |  | $0.00 |
| Lunch |  |  |  |  |  |  |  | $0.00 |
| Dinner |  |  |  |  |  |  |  | $0.00 |
| Total, all meals | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Baggage/Service Tips |  |  |  |  |  |  |  | $0.00 |
| [other - specify] -- Hotel |  |  |  |  |  |  |  | $0.00 |
|  |  |  |  |  |  |  |  |  |
| **D. Special Expense** |  |  |  |  |  |  |  |  |
| Telephone & Postage |  |  |  |  |  |  |  | $0.00 |
| Audio/Visual Support |  |  |  |  |  |  |  | $0.00 |
| [other - specify] |  |  |  |  |  |  |  | $0.00 |
|  |  |  |  |  |  |  |  |  |
| **TOTAL paid by you** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |

**In-Kind Contribution** *(please check your selection/s)*

In lieu of reimbursement, I wish to donate my entire reimbursement or $ to the MOAA Foundation. In lieu of reimbursement, I wish to donate my entire reimbursement or $ to the Scholarship Fund.

**In-Kind Contribution**

Please consider making a donation to MOAA’s Charitable entities in the form of partial or full payment for your travel expenses. This contribution is tax-deductible to the extent allowable by law and will be recognized as a cash donation.

* The MOAA Foundation’s tax identification number is 46-4219250
* The MOAA Scholarship Fund’s tax identification number is 54-1659039

Page 2