

Daily Travel Expense Record

(name)

Paid by You

| Date(s) | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| A/B. Travel Expense | | | | | | | | |
| Your Ticket | | | | | | | | |
| Spouse Ticket | | | | | | | | |
| Taxi/Limo/Metro | | | | | | | | |
| Parking/Tolls | | | | | | | | |
| Rental Car | | | | | | | | |
| Fuel for rental | | | | | | | | |
| Baggage Tips & Fees | | | | | | | | |
| [other - specify] | | | | | | | | |
| | | | | | | | | |
| Total private auto miles (enter miles, not cost, in block to left) | Mileage Rate is 65.5 cents/mile | | | | | | | |
| C. Subsistence Expense | | | | | | | | |
| Hotel | | | | | | | | |
| Breakfast | | | | | | | | |
| Lunch | | | | | | | | |
| Dinner | | | | | | | | |
| Total, all meals | | | | | | | | |
| Baggage/Service Tips | | | | | | | | |
| [other - specify] -- Hotel | | | | | | | | |
| | | | | | | | | |
| D. Special Expense | | | | | | | | |
| Telephone & Postage | | | | | | | | |
| Audio/Visual Support | | | | | | | | |
| [other - specify] | | | | | | | | |
| | | | | | | | | |
| TOTAL paid by you | | | | | | | | |

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



2023 Travel Claim Form

Claimant Name _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Dates of Trip _____

Destination _____

Purpose _____

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

Signature of Claimant _____ Date _____