

2020 Travel Claim Form

Claimant Name

ub-Total		
b-Total		
ıh-Total		
ub-Total		
ub-Total		
penses		
	ub-Total ub-Total ub-Total penses	ub-Total

Daily Travel Expense Record

()								
			Paid by Yo	ou				
Date(s)								
A/B. Travel Expense								
Your Ticket								
Spouse Ticket								
Taxi/Limo/Metro								
Parking/Tolls								
Rental Car								
Fuel for rental								
Baggage Tips & Fees		1						
[other - specify]								
Total private auto miles (enter miles, not cost, in block to left)	Mileage Rate is 57.5 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]	<u> </u>							

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 reimburgement. I wish to donate my entire reimburgement or \$	to the Scholarshin Fund

In-Kind Contribution

TOTAL paid by you

(name)

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