

Daily Travel Expense Record

(name)

Paid by You

Date(s)								
A/B. Travel Expense								
Your 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 58 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.