

Air & Space Forces Association
Travel Reimbursement Form for
Staff and Officers
1501 Langston Blvd, Suite 400 Arlington,
VA 22209

| | | |
|-----------------------|-------------------------------------|-------------|
| Name of Traveler: | Destination and Purpose of the trip | |
| Street Address | | |
| City | State/Province | Postal Code |
| Departure Date & Time | Return Date & Time | |

See receipt policy below.

| Insert Dates <u>Mo/Day</u> | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Each Line |
|----------------------------|--------|--------|---------|-----------|----------|--------|----------|-----------------|
| Hotel Room & Tax | | | | | | | | |
| Shuttle,Taxi, Uber | | | | | | | | |
| Plane or Train Fares | | | | | | | | |
| Auto 65.5 Cent/mile (1) | mi/\$ | mi/\$ | mi/\$ | mi/\$ | mi/\$ | mi/\$ | mi/\$ | |
| Total Parking & Tolls | | | | | | | | |
| Other (2); | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total this Page: | | | | | | | | |

(1) EXPLAIN (i.e. "TO/FROM AIRPORT.") and attach GPS summary of miles (i.e. GoogleMaps)

(2) USE THIS SPACE TO EXPLAIN ITEMS UNDER "OTHER" ABOVE & ANY UNUSUAL ITEMS

| | |
|--|-----|
| Total Expense | |
| Less: Transportation Amount Over \$725 | () |
| Less: Amt Contributed to AFA as In-Kind * | () |
| Due to Traveler US \$ | |

| |
|--|
| Automatic \$725 Travel Limit Calculator Less: Total Travel Exp (Calculates From Above) Over Travel Limit |
|--|

I certify the above expenses were incurred for Association business:

 Traveler Signature Date:

 Approval Signature Date:

 Approval Signature Date:

Please submit within 10 days of completed trip
Reimbursement requests submitted after 30 days from event will
not be processed

Per IRS: Original Receipts Required for items over US\$25

* Amount Contributed Must Qualify within AFA Travel Policy