

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 67 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