



Men of Temple Ahavat Shalom
Travel Expense Reimbursement Request

Name: _____ **Conference Year:** _____

Purpose of Travel: _____

TRAVEL

- 1. Roundtrip airfare. From: _____ To: _____
- 2. Personal Vehicle Milage (home = airport) From: _____ To: _____ Miles at _____ ¢ per mile
Use the IRS Reimbursement Rate for the year of travel
- 3. Purchased Transportation (Shuttle Buses, Rental Car[†]) (†: Prior Approval Required)

Explanations: _____

HOTEL

1. _____ Nights at _____ per night

Explanations: _____

MEALS

Day of Week:					
Breakfast					
Lunch					
Dinner					
Daily Total					

Grand Total:

Explanations: _____

OTHER EXPENSES

- 1. _____
- 2. _____
- 3. _____
- 4. _____

TOTAL SUBMITTED FOR REIMBURSEMENT:

Please attach hotel and transportation receipts. Use back of form for additional explanation space, if necessary.

Mail Reimbursement To: _____

Submitter's Signature: _____ Date

Email: _____
Phone#: _____
Social Security #: _____
(not required if travel reimbursement only)

MoTAS Use Only		
Approved by:	Date	
Title: _____		
Code:	Chk#	Paid on:
Total Expense Reimbursement:		
Total Taxable Income:		