

**MAFS REIMBURSEMENT FORM**  
**Electronic Receipts Required**

**Make Payment to:**

Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 Telephone \_\_\_\_\_

(if applicable) Is this the same address that you used for your last reimbursement?

Reason for Reimbursement: \_\_\_\_\_

<b>Transportation</b>	Partial reimbursement?	Date/amount/reason	_____
Airline (coach fare)			\$ _____
Auto _____ miles at \$ _____ per mile			\$ _____
Ground Transportation/Public Transportation			\$ _____
Car Rental \$ _____ + gas (\$ _____) (do not claim mileage)			\$ _____
(For car rental, prior approval is required)			

**Lodging**

Hotel _____ nights at \$ _____ per night	\$ _____
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**Meals (receipts are not required)**

Departure Date _____ at _____	
Return Date _____ at _____	
Breakfasts _____ days at \$ _____ per day	\$ _____
Lunches _____ days at \$ _____ per day	\$ _____
Dinners _____ days at \$ _____ per day	\$ _____

Miscellaneous (please itemize)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>TOTAL \$ _____</b>

- Fall Meetings/workshop expenses are directed to the Meeting Treasurer
- All other expenses are directed to the Operational Treasurer
- Refer to Administrative Rules for most current guidelines and federal government per diem and mileage rates for city/county of travel
- Fine your rates here: <https://www.gsa.gov/travel-resources>
- Maps are required for mileage reimbursement
- Receipts are required for every purchase EXCEPT meals

Approving official/Board motion: \_\_\_\_\_