

American Miniature Horse Association
 5601 S Interstate 35W * Alvarado TX 76009
 Director's Travel Reimbursement Report

Name of Director: _____
 Mailing Address : _____
 Location of Meeting: _____
 Date Of Meeting: _____

Reimbursement will be for a maximum of \$500.00 per meeting -Maximum of 3 per calendar year
 Original receipts must be submitted with request. Request must be submitted within 60 days of the last day of the meeting. Reimbursement should be received within two weeks of submission. If not received within that time, the Director is responsible for verifying that the report has been received in the office.

Description:	Original Receipt Required?	Amount
Transportation(Round Trip Air /Train /Bus fare)	YES	
Mileage _____ miles @ 0.40 per mile	NO	
Parking	YES	
Lodging (actual, does <u>not</u> include meals)	YES	
Total Travel Expense		
Standard expense reduction		-125.00
Net Reimbursement		
Allowed Reimbursement		

Cannot Exceed \$500

 Director Signature

 Date Signed

 Approval

COMMENTS / CLARIFICATIONS

- A) ACTUAL COST
 - B) TO/FROM CLOSEST AIRPORT TO HOST HOTEL CLOSEST AIRPORT/STATION
 - C) AT AIRPORT, TRAIN STATION OR BUS STATION
 - D) ONLY REQUIRED NIGHTS AT HOST* HOTEL (Excludes "extra" nights)
- *reimbursement up to host hotel rate if staying in more expensive hotel