MBASIA

TRAVEL EXPENSE REIMBURSEMENT FORM

*To move throughout form, press Tab

PAYEE:

MEMBER CITY:

☐ **MEETING TRAVEL** ☐ **TRAINING**

LOCATION:

DATE(S) OF MEETING TRAVEL / TRAINING:

EXPENSES: **Lodging:** $ 0.00

Meals (or Per Diem - cannot choose both):

	Breakfast *Max $15*	Lunch *Max $20*	Dinner *Max $30*	Total *Max $65*
Date:	$	$	$	$ 0.00
Date:	$	$	$	$ 0.00
Date:	$	$	$	$ 0.00

Per Diem Rate X Day(s) $ 0.00

**Only if Member City's policy is on a per diem basis*

Transportation: $

Mileage* Miles X IRS Rate $ 0.00

Other Travel
1. $
2. $
3. $
4. $
5. $

** Mileage to be calculated at prevailing IRS Rate*

TOTAL: **$** 0.00

MEMBER'S SIGNATURE: _____ Date _____

APPROVED BY MBASIA: _____ Date _____

Please forward original and one copy (along with all receipts) to:

Lorissa Huey
MBASIA Administrator
Alliant Insurance Services
lorissa.huey@alliant.com