



Tallahassee USBC Association

TRAVEL REIMBURSEMENT

NAME: _____	DATE: _____
MAILING ADDRESS: _____	

DATE	EXPENSE DESCRIPTION	PURPOSE	BUDGET LINE ITEM	AMOUNT
**Example:	Mileage	Meeting	(FL St Mtg, FL St Jamboree)	(total mileage * .40)

SPECIAL INSTRUCTIONS: **Mileage is configured by multiplying \$.40 x # of miles traveled with Capital Lanes being the starting point **Hotel stay will be reimbursed but not to exceed \$120 (unless host hotel is >), if traveling 400 miles or more **\$25 per diem will be paid for food each full day	TOTAL APPROVAL:
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NOTE: RECEIPTS MUST BE ATTACHED

Signature: _____