



Travel Expense Form

**ATTACH
RECEIPTS**

Name _____

Address _____
Street City Zip

Conference Name _____ Location _____

Dates:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL EACH
Breakfast								
Lunch								
Dinner								
Lodging								
Shuttle/Taxi								
Airfare*								
Parking/ Bridge toll								
Duplication**								
Postage**								
Conference Fee								
Mileage	# of miles		Current mileage rate is 67 cents			Mileage reimbursement		
Your reimbursement cannot exceed the maximum per conference								
*Coach fare only							TOTAL DUE	
**Applies to State Council Representatives who represent multiple chapters only								

Member Signature _____ Date _____

Membership Expense Reimbursement Policy (See Standing Rules #1-2 for additional information)

1. Please include receipts for all items listed on this form. A charge will not be approved if there is no receipt.
2. If you are asking for mileage reimbursement, please include a map printout showing mileage.
3. You are limited to the conference reimbursement maximum per MEA Standing Rule #1.
4. Reimbursable expenses for conferences include: registration fees, one hotel room at the conference hotel, travel expenses as outlined in #1, and one meal up to the individual conference reimbursement amount not to exceed the total reimbursement amount for each conference. Personal charges such as laundry, valet, telephone calls, snacks, medical, medicine, and entertainment are not reimbursable.
5. All claims must be filed within THIRTY days of the conference with the approved MEA Travel Expense form.
6. With the exception of Officers or Members of the Executive Board, a Member may attend no more than one of the conferences per calendar year.
7. Per CTA: Meals = Actual amounts paid including tax and tip, are not to exceed \$85.00 for any one day. Itemized receipts are required for all meals. **Extra meals required by auto travel are not reimbursable.** There will be no reimbursement for meals when CTA already provides one.

For office use only

Date received _____

Conference disbursement maximum _____

Amount paid _____