

**(Receipts required--see back of form)**

MEETING/FUNCTION/PLACE \_\_\_\_\_

**DAILY EXPENSES**

DATE							Less Personal Expenses	Net Expenses
<b>Travel</b>								
	Travel fare (air, etc.)	_____	_____	_____	_____	_____	_____	_____
	Car rental, taxi, etc.	_____	_____	_____	_____	_____	_____	_____
	Personal car @ .565/mile	_____	_____	_____	_____	_____	_____	_____
	Tolls, parking	_____	_____	_____	_____	_____	_____	_____
<b>Hotel/Motel:</b>								
	Room	_____	_____	_____	_____	_____	_____	_____
<b>Meals:</b>								
	Breakfast	_____	_____	_____	_____	_____	_____	_____
	Lunch	_____	_____	_____	_____	_____	_____	_____
	Dinner	_____	_____	_____	_____	_____	_____	_____
	Other	_____	_____	_____	_____	_____	_____	_____
<b>Miscellaneous:</b>								
	Tips	_____	_____	_____	_____	_____	_____	_____
	Phone	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____	_____	_____

Less Billed to air travel (\_\_\_\_\_)   
 TOTAL NET EXPENSES to be allocated below \_\_\_\_\_

Amount Due \_\_\_\_\_ ME \_\_\_\_\_ AWWA

I certify that I have personally incurred the expenses listed above on behalf of AWWA and those expenses will not be reimbursed by any other organization. I certify that if I have driven a vehicle while on AWWA business that I had a valid drivers license, the minimum vehicle insurance required under state/provincial law and current proof of insurance in my possession while operating a vehicle on AWWA business.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_   
PLEASE PRINT

ADDRESS \_\_\_\_\_

FOR AWWA USE ONLY

Amount \_\_\_\_\_

Approved by \_\_\_\_\_

Vendor No. \_\_\_\_\_

Voucher No. \_\_\_\_\_

Payable Date \_\_\_\_\_

GL Date \_\_\_\_\_

Account No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain unusual expenses \_\_\_\_\_

# VOLUNTEER TRAVEL EXPENSE REPORT INSTRUCTIONS

Effective **January 1, 2013**, the mileage reimbursement rate is **.565** per mile.

Expense Reports are to be submitted within ten (10) working days after each trip and must be accompanied by applicable receipts.

**The business purpose for your expenditures must be clearly documented on the MEETING/FUNCTION/PLACE line on the top of the Expense Report.**

The Association will reimburse expenses that are actual, reasonable, and necessary. **Original receipts must be submitted.** Copies are only accepted when reimbursing a company on behalf of the individual.

**MEALS:** Actual, reasonable cost for meals will be reimbursed. **Reimbursement requests must be documented by a detailed receipt** but may include an 18% gratuity.

When paying for meals for several individuals, you need to list the names of the individuals who attended. If it's for an AWWA committee, you may simply note the name of the committee and the number of attendees.

**AIR TRAVEL:** The original airline ticket receipt must be submitted. If the ticket was not booked through a travel agent, the boarding pass stubs must be submitted along with a document showing proof of the cost of the ticket.

**HOTEL:** Record the total hotel expense on the day you check out under "Room." **Please DO NOT break out meals, phone calls or miscellaneous charges.** Attach the itemized statement.

Please explain unusual expenses in the section provided. **Original receipts should be submitted for all expenditures.** Expenditures in excess of \$25.00 (\$10.00 for cab fare) not documented with a receipt will not be reimbursed.

All receipts smaller than 6 x 8 need to be securely fastened (with tape) to paper.

Total columns down and across to double-check total expense amount. Deduct from total expense amount the total airfare billed directly to AWWA (if applicable) to arrive at the total net expense amount. If monies are owed to AWWA, please attach payment to the expense report.

Expense reports need to be completed in ink.