

**WMCA
OFFICER EXPENSE REIMBURSEMENT**

Name: _____ **Date:** _____

Meal Reimbursement

1. Covers actual reimbursement for your meals while on WMCA Business.
2. Receipts are required.
3. Bar/liquor reimbursement is not allowed.

MEAL REIMBURSEMENT

Date	Breakfast	Lunch	Dinner
TOTAL			

Total Meal Reimbursement \$ _____

Ground Transportation

1. This section provides for reimbursement for mileage (personal vehicle) to/from airport, transportation fees to/from hotel and airport (not personal vehicle), car rental, ferry fees and parking. Receipts should be obtained if possible.

GROUND TRANSPORTATION

Date	Item	Amount

Total Ground Transportation \$ _____

Lodging Information

1. Room charges and taxes are covered.
2. Personal charges to room are not allowed (i.e. movies)
3. Please line through any non-allowable items.

LODGING

Date	Location	Room Charge/Tax

Total Reimbursable Lodging \$ _____

Airline Ticket Information

1. Please provide a copy of your airline ticket showing dates and times of travel.

AIRLINE INFORMATION

Departure Date/Time	Destination	Return Date/Time	Ticket Price

Gifts Purchased

1. A receipt is necessary to reimbursement of gifts or auctions items to take to a state conference.

GIFTS

Purpose of Gift	State Conference	Cost

TOTAL REIMBURSABLE EXPENSES

Meals	
Ground Transportation	
Lodging	
Airline	
Gifts	
TOTAL	

These are valid and accurate expenses. _____

Signature