



VOLUNTEER TRAVEL REIMBURSEMENT FORM

10330 Staples Mill Road
Glen Allen, VA 23058

www.VAUMFGifts.org
vafoundationumc@vaumc.org

804.521.1121 or 1-800-768-6040 ext. 121

PAYEE INFORMATION

Name: _____
 Address: _____
 City: _____ ST: ____ Zip: _____
 Phone: _____ Email: _____
 Payment election: Check EFT (*Submit EFT form located at: vaumfgifts.org/?pageID=1005*)

TRAVEL INFORMATION

Purpose of travel: _____
 Date of departure: _____ Date of return: _____
 Destination name: _____
 Destination address _____
 City: _____ ST: ____ Zip: _____

TRAVEL EXPENSES

<u>Expense</u>	<i>(receipts required for each expense)</i>	<u>Amount</u>
Lodging location:	_____	
	(\$85.00 daily limit)	\$ _____
Meals:	Breakfast(s)	\$ _____
	Lunch(es)	\$ _____
	Dinner(s)	\$ _____
Transportation:	Mileage _____ miles x .14 per mile	\$ _____
	Shuttle	\$ _____
	Taxi	\$ _____
	Tolls	\$ _____
	Parking	\$ _____
	Total:	\$ _____

- Notes: 1. Breakfast on date of departure is not reimbursable.
 2. Dinner on date of return is not reimbursable unless returning after 7 pm.
 3. Lodging expenses will be reimbursed if travel over 3 hours is required before a 10 am meeting ON the day of the meeting.

SIGNATURES

 Submitter Date Approver Date