



2018 MGMA TRAVEL REIMBURSEMENT REQUEST

DIRECTIONS FOR COMPLETING FORM

Please submit this form within 15 days of travel.

Original and or scanned receipts are required for all meals--including meals listed on your hotel bill.

IRS requires full names of individuals for all meals and entertainment--plus stated business purpose.

Original and or scanned receipts are required for all non-food related expenses over \$50 (over \$10 for employees).

The following will not be reimbursed: movies, health club fees, or other personal expenses.

Reimbursement is subject to the most current Board approved Travel Expense Policy--available upon request.

Name: Your Name
 Check Payable To: Type your name as it should be written on the check
 Address: Check will be sent here
 City, State, Zip: _____
 Phone: Best number to reach you

Meeting: Which conference did you attend?
 Location: Location of Conference
 Dates of Travel: Dates of entire trip

	Roundtrip Milage ↓	85	\$0.545	
	TOTAL MILEAGE		\$46.33	← This autofills

Date	Purchased from--	Explanation of Expenditures / Guests & Business Purpose for Meals & Entertainment	Cost
1/1/2018	Airline	Flight Round Trip	\$378.00
1/2/2018	Taxi	Shuttle or Taxi from Airport to Hotel	\$27.00
1/2/2018	Coffee Shop	Meal at Airport	\$7.00
1/2/2018	Hotel	Hotel Stay for # nights (total from hotel receipt less any meals)	\$325.00
1/3/2018	Hotel	Meal at Hotel (All meals appearing on your hotel bill must be separated, itemized separately here, and must include itemized receipt with tip)	\$32.00
1/4/2018	Taxi	Taxi from Hotel to Airport	\$25.00
1/4/2018	Parking	Receipt for parking at home airport (parking reimbursed at budget or economy rate for time away for conference)	\$33.00

MUST INCLUDE ALL ITEMIZED RECEIPTS THAT SHOW PROOF OF PAYMENT & TIPS

***Alcoholic drinks deducted from total reimbursed**

Please sign and return to:
 Martha Guerrero,
 mguerrero@mgma.com
 MGMA
 104 Inverness Terrace East
 Englewood, CO 80112-5306
 877-275-6462, ext. 1572

SUBTOTAL	\$873.33
Employee Advance (enter as positive #)	
Association paid airfare (enter as positive #)	
TOTAL REIMBURSEMENT	\$873.33

For Association Use Only				
Account	Center	Proj Type	Project Code	Cost

SIGN HERE & DATE

Signature _____ Date _____

FOR MGMA TO SIGN

Staff Approval _____ Date _____