

TRAVEL EXPENSE REIMBURSEMENT

NAME (PRINT) _____ ☐ MEMBER ☐ NON-MEMBER ☐ STAFF

SEND CHECK TO: _____

STREET

CITY

STATE

ZIP

PURPOSE OF TRAVEL _____ CONTACT AT APTA _____

TRAVEL

CITY	FROM:	TO:	TO:	TO:	TO:	TO:	TO:	TO:
DATE								TOTAL
AIRFARE or RAIL (Documentation Required)								
GROUND TRANSPORTATION								
CAR MILEAGE (Personal Auto-54 cents/mile)								
PARKING								
CAR RENTAL								
HOTEL-ROOM								
BREAKFAST*								
LUNCH*								
DINNER*								
MISCELLANEOUS**								
TOTALS								

*See Reverse Side for Reimbursement Limits

LESS TRAVEL ADVANCE

LESS EXPENSES PAID BY/CHARGED TO APTA

TOTAL REIMBURSABLE

** MISCELLANEOUS EXPENSE RECORD EXPLANATION

DATE	NAME OF GUEST (S)	ASSOCIATION PURPOSE	PLACE EXPENSE OCCURRED	AMOUNT