

HATS OFF FOR VETERANS TEXAS TRAVEL REIMBURSEMENT FORM

Category	Rate
Mileage Rate Using Personal Vehicle	\$0.70/Mile
In-State Lodging Rates (Texas)	\$110/Day
Overnight Meals	\$68/Day
Non-Overnight Meals	Up to \$36/Day

INSTRUCTIONS FOR EMPLOYEES

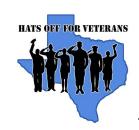
1. Mileage:

- Use the actual round-trip mileage from your official regional headquarters.
- 2. **Receipts:** Required for any reimbursement requests on this form including for lodging, airfare, taxi, car rental, gas, parking, tolls, and meals. Acceptable documentation must be the original receipt, or an email receipt from the company directly.
- 3. **Non-Reimbursable Items:** The following expenses are not eligible for reimbursement and should not be included on this form:
- Alcoholic beverages Any purchases of alcohol are strictly non-reimbursable.
- Tips and gratuities Service tips or gratuities given to staff (e.g., hotel, taxi) are not covered.
- Personal expenses Costs for personal items such as toiletries, souvenirs, or leisure activities will not be reimbursed.
- Entertainment costs Expenditures for entertainment (such as movies, sporting events, concerts, or similar activities) are excluded.
- Room service Charges for in-room dining or minibar usage are not permissible.
- Expenses for companions Any costs incurred for non-business-related individuals, including spouses, friends, or family members, are not eligible.

Please ensure that all expenses submitted align with these guidelines to avoid delays or denial of reimbursement.

4. **Submission deadline:** Submit this form and all receipts within **30 days** of trip completion.

OFFICE USE ONLY:	Date Received:
	Total Reimbursed: \$
Employee Initials:	Check Number:



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SECTION 1: EMPI	OYEE INFORMAT	<u>ION</u>	Today's Date:	
Name:		Job Title:		
Mailing Address:				
	that submitting fals		curred by me for officia ns may lead to disciplin	
Employee Signatur	re:		Date:	· · · · · · · · · · · · · · · · · · ·
Supervisor Approv	al:		Date:	
Finance Approval:			Date:	
·	Y: rovide hotel informa	tion below if applicat	ole	
	ceed to Section 2B.)			
HOTEL INFORMA			Dhana	
Hotel Name:				
			te, Zip: nt: Total Amount	
SECTION 2B: TRA	AVEL EXPENSES			
		Mark all that apply. I are not reimbursabl	Receipts must be attache e.	ed with this
·Personal Car (Fill	out Section 3) □	·Car Rental □	·Bus □ Ferry □	
·Uber/Lyft □	·Airfare □	· Scooter -⊟	·Boat □	
·Taxi Service □	·Train □	·Bicvcle-	·Other:	

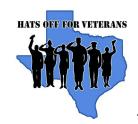


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SECTION 3: PERSONAL MILEAGE INFORMATION AND PURPOSE OF THE MEETING

Please be advised that all travel distances are measured from the regional headquarters address.

Trip 1 Mileage: Starting Date:	_Starting M	lileage:	Region #:
Destination Address:	(City, State, Zip:	
Ending Mileage: Total Mileage Fo	or Trip:	(Round off to n	earest number.)
Purpose of Trip:			
Trip 2 Mileage: Starting Date:	_ Starting	Mileage:	_Region #:
Destination Address:	(City, State, Zip:	
Ending Mileage: Total Mileage Fo	or Trip:	(Round off to n	earest number.)
Purpose of Trip:			
Trip 3 Mileage: Starting Date:	_ Starting	Mileage:	Region
Destination Address:	(City, State, Zip:	
Ending Mileage: Total Mileage Fo	or Trip:	(Round off to n	earest number.)
Purpose of Trip:			
Trip 4 Mileage: Starting Date:	_ Starting	Mileage:	Region #:
Destination Address:	(City, State, Zip:	
Ending Mileage: Total Mileage Fo	or Trip:	(Round off to n	earest number.)
Purpose of Trip:			



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SECTION 4: MEALS

Item	Cost	Item	Cost
Date:		Date:	
Breakfast	\$	Breakfast	\$
Lunch	\$	Lunch	\$
Dinner	\$	Dinner	\$
Snack	\$	Snack	\$
Beverage	\$	Beverage	\$

Item	Cost	Item	Cost
Date:		Date:	
Breakfast	\$	Breakfast	\$
Lunch	\$	Lunch	\$
Dinner	\$	Dinner	\$
Snack	\$	Snack	\$
Beverage	\$	Beverage	\$

SECTION 5: REIMBURSEMENT TOTALS

Reimbursement Type	Amount
Mileage Reimbursement	\$
Air Travel Reimbursement	\$
Lodging Reimbursement	\$
Meals Reimbursement	\$
Other Reimbursables	\$
Total Amount Requested	\$

Mail this and the original receipts to Hats Off For Veterans, P. O. Box 1689, Kyle, TX 78640. Upon receipt and verification, a check will be issued to you.

Thank you.



HATS OFF FOR VETERANS HOFV Accounting 512-682-5333 Info@HOFV.org www.HOFV.org