



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:

Employee Initials: _____

Date Received: _____

Total Reimbursed: \$ _____

Check Number: _____



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SECTION 1: EMPLOYEE INFORMATION

Today's Date: _____

Name: _____ Job Title: _____

Mailing Address: _____

Region Number: _____ Phone: _____ Email: _____

By signing below, I confirm that all expenses listed were incurred by me for official business only. I understand that submitting false or fraudulent claims may lead to disciplinary action or legal consequences.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Finance Approval: _____ Date: _____

SECTION 2A: TRAVEL EXPENSES

OVERNIGHT STAY:

☐ **YES** – Please provide hotel information below if applicable

☐ **NO** – (If no, proceed to Section 2B.)

HOTEL INFORMATION:

Hotel Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Room Rate Per Night: \$_____ Number of Days Overnight: _____ Total Amount: \$_____

SECTION 2B: TRAVEL EXPENSES

TRANSPORTATION INFORMATION: *Mark all that apply. Receipts must be attached with this form. **Note: Scooters and Bike Rentals are not reimbursable.***

·Personal Car (Fill out Section 3) ☐ ·Car Rental ☐ ·Bus ☐ Ferry ☐
·Uber/Lyft ☐ ·Airfare ☐ ·~~Scooter~~ ☐ ·Boat ☐
·Taxi Service ☐ ·Train ☐ ·~~Bicycle~~ ☐ ·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 Mileage: _____ Region #: _____
Destination Address: _____ City, State, Zip: _____
Ending Mileage: _____ Total Mileage For Trip: _____ (Round off to nearest number.)
Purpose of Trip: _____

Trip 2 Mileage: Starting Date: _____ Starting Mileage: _____ Region #: _____
Destination Address: _____ City, State, Zip: _____
Ending Mileage: _____ Total Mileage For Trip: _____ (Round off to nearest number.)
Purpose of Trip: _____

Trip 3 Mileage: Starting Date: _____ Starting Mileage: _____ Region _____
Destination Address: _____ City, State, Zip: _____
Ending Mileage: _____ Total Mileage For Trip: _____ (Round off to nearest number.)
Purpose of Trip: _____

Trip 4 Mileage: Starting Date: _____ Starting Mileage: _____ Region #: _____
Destination Address: _____ City, State, Zip: _____
Ending Mileage: _____ Total Mileage For Trip: _____ (Round off to nearest 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.



HOFV Accounting
512-682-5333
Info@HOFV.org
www.HOFV.org