



WVASEFAA Expense Reimbursement Form

Account to be Charged: _____

Date(s) of Travel/ Expense: _____

Purpose of Expenditure: _____

Make Check Payable to: _____

[Reset Form](#)

Address: _____

Please attach explanation for any missing receipts and submit to Committee Chair or President for approval. Next, please forward to WVASEFAA Treasurer with receipts and documentation.

Transportation	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Item Total
Airfare								
Auto Rental								
Taxi/Train/Bus								
Parking								
Tolls								

Personal Vehicle	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Item Total
Mileage (enter # of miles)								
Cost (at \$0.655/mile)								

Lodging	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Item Total
Hotel								

Meals	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Item Total
Breakfast								
Lunch								
Dinner								

Other (specify)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Item Total

Overall total of expenses: _____

I certify this report to be correct and that I am not receiving reimbursement for these expenses from any other source.

Claimant's Signature

Date

Committee Chair or President's Signature

Date

FOR TREASURER USE ONLY

Paid check #: _____

Date paid: ____ / ____ / ____