

FBRHR In-Kind/Reimbursement Form

You may print and fill out form, or replace underlines by information, save, and email. If receipts are required, they must be mailed to the Treasurer. Please tape receipts to a plain piece of paper and staple to the back of this form.

Name: _____ Date: _____

Address: _____
(mailing address, city, state, zip code)

Travel Destination: _____

Purpose of Travel: _____

Date/Time of Travel – This information relates to the date/time you leave your starting point (usually your town of residence) and the date/time you return to that starting point, thereby completing the trip.

Starting Point (town): _____

Departure Starting Point:

Return to Starting Point:

Date: _____ Time: _____

Date: _____ Time: _____

SECTION A - Transportation (receipts required) SECTION B - Personal Vehicle Mileage

Airline tickets \$ _____
Airport Parking \$ _____
Car Rental \$ _____
Ground Transportation \$ _____
Subtotal Section A \$ _____

Vehicle License Number: _____
Odometer Beginning: _____ Ending: _____
Vehicle Mileage Claimed: _____ miles X .485 =
Subtotal Section B \$ _____

Section C – Per-diem (must be pre-authorized by Board)

Full Day \$ _____ x _____ = \$ _____
Breakfast \$ _____ x _____ = \$ _____
Lunch \$ _____ x _____ = \$ _____
Dinner \$ _____ x _____ = \$ _____
Motel/Hotel (receipts required) \$ _____
Incidentals (receipts required) \$ _____
Subtotal Section C \$ _____

Section A _____
Section B _____
+ **Section C** _____

circle one

GRAND TOTAL: \$ _____

in-kind / reimbursement

Signature of Traveler: _____ date _____