



Tallahassee USBC Association

TRAVEL REIMBURSEMENT

NAME: _____

DATE: _____

MAILING ADDRESS: _____

DATE	EXPENSE DESCRIPTION	PURPOSE	BUDGET LINE ITEM	AMOUNT
**Example:	Mileage	Meeting	(SE Mtg, FL State Jamboree)	(total mileage * .14)

SPECIAL INSTRUCTIONS:
 **Mileage is configured by multiplying \$.14 x # of miles traveled with Capital Lanes being the starting point
 **Hotel stay will be reimbursed for 1 night (not to exceed \$90) if traveling 150 miles or more

TOTAL	
APPROVAL:	

NOTE: RECEIPTS MUST BE ATTACHED

Signature: _____