



2025 Travel Claim Form

Claimant Name _____

Address 1 _____

City, State, Zip _____

Email Address: _____

Dates of Trip _____

Destination _____

Purpose _____

A. Your Travel Expenses	
Your Ticket	
Taxi/Limo/Metro	
Parking/Tolls	
Rental Car & Fuel	
Baggage Handling Tips & Fees	
Other	
Private Auto	
Sub-Total	
B. Spouse Travel Expenses	
Spouse Ticket	
Spouse Tax Reimbursement (entered by Finance)	
Sub-Total	
C. Subsistence Expenses	
Hotel	
Meals	
Baggage & Service Tips – Hotel	
Other	
Sub-Total	
D. Special Expenses	
Telephone	
Audio Visual Support	
Other	
Sub-Total	
Total Expenses	

Signature of Claimant _____ Date _____

Daily Travel Expense Record

(name)

Paid by You

Date(s)								
A/B. Travel Expense								
Your Ticket								
Spouse Ticket								
Taxi/Limo/Metro								
Parking/Tolls								
Rental Car								
Fuel for rental								
Baggage Tips & Fees								
[other - specify]								
Total private auto miles (enter miles, not cost, in block to left)	Mileage Rate is 70 cents/mile							
C. Subsistence Expense								
Hotel								
Breakfast								
Lunch								
Dinner								
Total, all meals								
Baggage/Service Tips								
[other - specify] -- Hotel								
D. Special Expense								
Telephone & Postage								
Audio/Visual Support								
[other - specify]								
TOTAL paid by you								

In-Kind Contribution *(please check your selection/s)*

In lieu of reimbursement, I wish to donate my entire reimbursement or \$_____ to the MOAA Foundation.

In lieu of reimbursement, I wish to donate my entire reimbursement or \$_____ to the Scholarship Fund.

In-Kind Contribution

Please consider making a donation to MOAA's Charitable entities in the form of partial or full payment for your travel expenses. This contribution is tax-deductible to the extent allowable by law and will be recognized as a cash donation.

- The MOAA Foundation's tax identification number is 46-4219250
- The MOAA Scholarship Fund's tax identification number is 54-1659039