MONROE COUNTY VOLUNTEER FIREMEN'S ASSOCIATION

MEMBER TRAVEL EXPENSE REPORT

Member Name: _____

Purpose of Trip & Destination: _____

	ODOMETER				
DATE	***START***	***END***	***MILES***	***START and DESTINATION OF TRIP LEG***	***TOTAL***
I.R.S. Reimbursement Rate per Mile	***0.485***		***Total Miles***		

DATE	***OTHER EXPENSES***	***Amount***

TOTAL Mileage Expenses :	
TOTAL Other Expenses :	
Sub Total	
Advance	
GRAND TOTAL	

Check Request #: _____

Date Approved: _____

Date Paid: _____

Check #: _____

Member signature and date: _____

Please complete a form for each trip upon completion of travel. All receipts must be attached for reimbursement. Expense form should be accompanied by a completed check request form for any balance due to the member and submitted to the Treasurer. If the an advance exceeds the amount of trip expenses, a reimbursement check made payable to the MCVFA must also be attached.