FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

NON-STAFF TRAVEL REIMBURSEMENT REQUEST FORM

This form enables Families USA Foundation to reimburse your approved travel expenses (please refer to the cover letter that accompanied this form with regard to any expense limitations). All expenses must be supported by a receipt, which should be scanned & attached to this form. If payment is to be made to an organization, a completed W9 is required. Families USA Foundation must receive the completed reimbursement form, all receipts and any other required documentation no later than thirty (30) days after the final day of the event.

Traveler Name
Payee Name (if different than traveler)
Mailing Address
Email
Phone
Fax

Purpose of Travel

Please provide originals or copies of receipts. Any tips must be reflected on the receipt or noted below.

Air, Bus or Rail fare		
Auto mileage (enter round-trip miles)	$ 0.575	$ 0.00
Ground transportation (cab, shuttle, subway)		
Parking fees / tolls		
Lodging expense		
Meals		
Other authorized expenses (please describe below)		
TOTAL		$ 0.00

Signature Date

REVISED 01-01-15

This form is due within 30 days of the last day of travel.
Please complete this form online (no handwritten submissions) **and return, with receipts, via email to:**

accountspayable@familiesusa.org

FamiliesUSA.org
1201 New York Avenue, NW, Suite 1100
Washington, DC 20005
main 202-628-3030 / fax 202-347-2417