

Travel Expense Reimbursement Form

Submit completed form and additional documents to: don.onwiler@ncwm.com

If completing form by hand, do so legibly. Illegible forms may delay processing times.

NCWM MEMBER INFORMATION					
Member ID#:	Full Name:		Organization:		
Pay by ACH:	Bank Name:		Name on Account:		Checking <input type="checkbox"/> Savings <input type="checkbox"/>
	Bank Routing Number:		Bank Account Number:		
Pay by Check:	Check Payable to:		Street Address or P.O. Box:		
	City:	State:	Zip Code:	Country:	
Office Phone Number:		Mobile Number:		Email Address:	
EVENT INFORMATION					
Committee (if applicable):		Function:		Dates of Travel:	
EXPENSES					
Airfare: (Attach receipt)				\$	
Personal Vehicle Travel: \$0.67/Mile			Number of Miles:	\$	
Parking: (Attach receipt)				\$	
Ground Transportation: (Attach receipts)				\$	
Time You <u>Left</u> Home on Day 1:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time You <u>Arrived</u> Home on Last Day:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Per Diem: \$72/Day (Adjust meals provided by NCWM. Breakfast \$16, Lunch \$18, Dinner \$38)			Number of Days:	\$	
Lodging: (Attach receipt)				\$	
Miscellaneous Expenses: (Attach receipts)				\$	
Total Expenses Claimed:				\$	
Signature:			Date:		