



**American Association of Veterinary Laboratory Diagnosticians
Travel Expense Reimbursement Form**

Claimant Name: _____

Claimant Address: _____

Reason for Travel: _____

Travel Start Time: HH:MM _____ Date: _____

Travel Finish Time: HH:MM _____ Date: _____

Per Diem for Meals & Misc. Expenses		
Date:	Half Day \$45	Full Day \$60

Total Claimed for Per Diem Reimbursement: \$ _____

Air, bus or train fare \$ _____

Baggage fees \$ _____

Lodging \$ _____

Private car: _____ Miles x \$0.62.5 \$ _____

Car rental \$ _____

Gasoline \$ _____

Taxi/car service \$ _____

Parking fees \$ _____

Tolls \$ _____

Incidental expenses \$ _____

Total Expenses: \$ _____

Please attach receipt copies (Specify if NOT in US dollars)

Signature: _____ **Date:** _____

Scan & Return to: AAVLD Secretary-Treasurer's Office Attn: Reda Ozuna, rozuna@aavld.org	Make check payable to: <input type="checkbox"/>
	Traveler: <input type="checkbox"/> Company/Organization*: <input type="checkbox"/>
<i>*If company/org then include invoice</i>	