Gateway Chapter PVA
1311 Lindbergh Plaza Center Drive
St. Louis, MO 63132

Travel Expenses Form

Event Name and Dates:	**National Veterans Wheelchair Games (Pittsburgh, PA) Aug 1 – Aug 6**			**2011**
Name		Telephone ( ) ( )		
Address		E-mail:		

Expenses *	**Dates**	**Details**			**Amount**
Transportation		☐Air	☐Taxi	☐Other	**$**
		☐Air	☐Taxi	☐Other	**$**
Miscellaneous Travel Expences					**$**
					$
Own car mileage reimbursement	(Reimbursed at Chapter rate based on round trip mileage from your home to event using Mapquest. May not exceed airfare costs)**$**				
		Mileage		X .35 =	**$**
		Mileage		X .35 =	**$**
Lodging		Location			**$**
		Location			**$**
		Location			**$**
		Location			**$**
		Location			**$**
		Location			**$**
Meals(Not over 50% per diem)		Explanation (Breakfast, Lunch, Dinner)			
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				Expenses this sheet	**$**

*** All expenses must have accompanying receipts. Please attach additional forms if needed.**

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Other Expenses *	Dates	Details	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		Expenses this sheet	$
		Total Expenses from page 1	$
		(A) - Total Expenses	$
(B) - JB Post Award $		(C) = Total Expenses minus JB Post Award (A minus B)	$
(D) - GPVA Award $		Lesser of the amounts C or D	$

Signature	Date

* All expenses must have accompanying receipts. Please attach additional forms if needed.