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**VOLUNTEER TRAVEL REIMBURSEMENT**

Check this box for Foundation

Check this box for DevCo

**PAYEE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment election:  Check  EFT (*submit EFT form located at: [vaumfoundation.org/forms/](http://vaumfoundation.org/forms/)*)

**TRAVEL INFORMATION**

Purpose of travel: \_\_\_\_\_

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_

Destination name: \_\_\_\_\_

Destination address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

**TRAVEL EXPENSES**

*(receipts required for each expense)*

<u>Expense</u>		<u>Amount</u>
Lodging location:	_____ (\$85.00 daily limit)	\$ _____
Meals:	Breakfast(s)	\$ _____
	Lunch(es)	\$ _____
	Dinner(s)	\$ _____
Transportation:	Mileage _____ miles x .14 per mile	\$ _____
	Shuttle	\$ _____
	Taxi	\$ _____
	Tolls	\$ _____
	Parking	\$ _____
	<b>Total:</b>	\$ _____

- Notes:
1. Breakfast on date of departure is not reimbursable.
  2. Dinner on date of return is not reimbursable unless returning after 7 pm.
  3. Lodging expenses will be reimbursed if travel over 3 hours is required before a 10 am meeting ON the day of the meeting.

**SIGNATURES**

\_\_\_\_\_  
 Submitter

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approver

\_\_\_\_\_  
 Date

<i>Foundation/DevCo use only</i>	
Date received: _____	Received by: _____