

**LAKE ERIE YEARLY MEETING TRAVEL EXPENSE FORM**

Name and address: \_\_\_\_\_

*Please include copies of receipts (and plane tickets) for reimbursement.*

*It is the policy of LEYM that Friends cover their own food/meal costs.*

*With regard to lodging, when possible, Friends are asked to arrange lodging with Friends in the area of travel.*

*For any item that is a donation in kind to LEYM, please check the Donation box.*

1. Purpose of travel (e.g., meeting attended) \_\_\_\_\_

2. Dates of travel \_\_\_\_\_

3. Auto transportation\*

From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ miles at 21 cents = \$ \_\_\_\_\_ Donation

From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ miles at 21 cents = \$ \_\_\_\_\_ Donation

*\*Note: the incremental portion of mileage reimbursements above the 14 cents per mile standard charitable mileage expense rate are includable in the taxable income of the volunteer.*

4. Plane fare, other public transportation, and/or highway tolls. Itemize below:

\_\_\_\_\_ \$ \_\_\_\_\_ Donation

\_\_\_\_\_ \$ \_\_\_\_\_ Donation

\_\_\_\_\_ \$ \_\_\_\_\_ Donation

5. Other travel-related expenses (e.g., registration and lodging):

\_\_\_\_\_ \$ \_\_\_\_\_ Donation

\_\_\_\_\_ \$ \_\_\_\_\_ Donation

\_\_\_\_\_ \$ \_\_\_\_\_ Donation

Total to be reimbursed \$ \_\_\_\_\_

Total donation in kind \$ \_\_\_\_\_

Mail to: Tom Kangas, 3641 Weston Place, Columbus, OH 43214 or email to LEYMTreasurer@gmail.com

(updated 11/2024)