



VOLUNTEER TRAVEL EXPENSE REPORT

PAY TO: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MEETING/EVENT: _____

LOCATION: _____ **DATE OF MEETING:** _____

EXPENSES: (Please attach original receipts if you request reimbursement)

	Amount To Be Reimbursed	My Contribution*	Total (Not To Exceed Limit)*
Transportation (Air, Rail, or Bus)			
Automobile Mileage _____ @ \$0.14			
Taxi, Local Bus or Car Service			
Hotel: _____ Days			
Meals: _____ Days @ \$40.00 Maximum/day			
Other (Please Itemize :)			
TOTALS			

- *I have incurred expenses that I wish to contribute.**
 Please send me an acknowledgment letter for my tax records.
 I do not need such acknowledgement.

DATE

SIGNATURE

NKF APPROVAL SIGNATURE

- Notes:**
- 1: Least expensive means of transportation is to be used. If travel by privately owned automobile is the most economical, reimbursement shall be at \$0.14/mile in lieu of actual costs.
 - 2: Single room rate only. If hotel other than NKF-designated hotel is used, reimbursement will be made at the special meeting rate secured by NKF.

SEND TO: NATIONAL KIDNEY FOUNDATION, 30 East 33rd St., New York, NY 10016