

# AHCA/NCAL 2024 Member Travel Reimbursement Request

Please email this form with receipts as one pdf document to [accountspayable@ahca.org](mailto:accountspayable@ahca.org) or mail to AHCA/NCAL, ATTN: Accounts Payable, 2 Massachusetts Ave NE, Unit 77880, Washington, DC 20013.

**Please Print or Type**

## TRAVELER INFO Only ONE traveler allowed per form regardless of company.

**Pay to:**            **Individual**    **OR**    **Company**

(please check one)

**Traveler Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing Address for Reimbursement:**

**Committee/**

**Meeting Name:** \_\_\_\_\_

**Meeting Date(s):** \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## TRAVEL Travel not to exceed maximum air travel reimbursement amount designated for each state per AHCA/NCAL Travel Policy.

☐ **Check if you booked through AHCA/NCAL's Egencia account** (no additional receipts necessary)

☐ **Travel by commercial carrier** \$ \_\_\_\_\_  
(attach travel receipts if not booked through Egencia)

☐ **Travel by car:** \_\_\_\_\_ miles @ \$0.67/mile \$ \_\_\_\_\_  
(attach copy of directions and map (Mapquest, Google, etc.) showing miles traveled)

☐ **Baggage fees** (attach receipts) \$ \_\_\_\_\_

☐ **Other travel expenses** (attach receipts) \$ \_\_\_\_\_  
Brief description below with prior approval required:

\_\_\_\_\_

## PER DIEM See meeting notice for authorized number of days.

# of days

**Overnight: Outside Washington, DC (\$200/day)** \_\_\_\_\_ \$ \_\_\_\_\_

**Overnight: Inside Washington, DC (\$225/day)** \_\_\_\_\_ \$ \_\_\_\_\_

**If overnight stay is not required (\$30/day)** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Traveler**

\_\_\_\_\_  
**Date**