ACCEL

TRAVEL EXPENSE REIMBURSEMENT FORM

*To move throughout form, press Tab

PAYEE:

PAYEE ADDRESS:

MEMBER CITY:

☐ **MEETING TRAVEL** ☐ **TRAINING**

LOCATION:

DATES OF MEETING TRAVEL / TRAINING:

EXPENSES: **Lodging:** $

Meals:

	Breakfast *Max $20*	Lunch *Max $25*	Dinner *Max $40*	Total *Max $85*
Date:	$	$	$	$ 0.00
Date:	$	$	$	$ 0.00
Date:	$	$	$	$ 0.00

Transportation: $

Mileage* Miles X IRS Rate $ 0.00

Other Travel
1. $
2. $
3. $
4. $
5. $

** Mileage to be calculated at prevailing IRS Rate*

TOTAL: **$** 0.00

MEMBER'S SIGNATURE: _____ Date

APPROVED BY ACCEL: _____ Date

Please forward via e-mail (along with all receipts) to:

Arjay Jimenez
ACCEL Administrator
Alliant Insurance Services
arjay.jimenez@alliant.com