



MILITARY ORDER OF THE PURPLE HEART AUXILIARY (MOPHA) REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES

NAME: _____ DATE: _____

TITLE: _____

TRAVEL TO: _____

START DATE: _____ END DATE: _____

AIR FARE: \$ _____

BAGGAGE FEE: \$ _____

HOTEL: \$ _____

MILEAGE: \$ _____

PER DIEM: \$ _____

SHUTTLE/TAXI: \$ _____

OTHER: \$ _____

TOTAL: \$ _____

TRAVEL EXPENSE FEES

(\$.50 per mile, limited to 1200 miles round trip.

Start mileage _____ End mileage _____

MUST INCLUDE MAP

Total trip days _____ X \$65

(Include 1 day travel before and after)

DO YOU HAVE A PATRIOT WHO IS ELIGIBLE FOR ANY REIMBURSEMENT FROM MOPH? YES _____ NO _____
ANY REIMBURSEMENT FROM MOPH SUPERCEDES ANY REIMBURSEMENT FROM MOPHA.

I AFFIRM THAT THE EXPENSE REIMBURSEMENT FORM AND RECEIPTS ARE ACCURATE AND LEGITIMATE EXPENSES OF THE MOPHA. I ALSO AFIRM THAT I HAVE NOT RECEIVED ANY REIMBURSEMENTS FOR THESE EXPENSES FROM ANY OTHER SOURCE.

SIGNATURE OF REQUESTER: _____ Member # _____

ADDRESS: _____ Phone: _____

PHONE: _____

EMAIL ADDRESS: _____ (Yours or Depart/Unit email)

MAIL or EMAIL TO:

MOPHA NATIONAL SECRETARY or
MOPHANATSEC@GMAIL.COM

OFFICE USE ONLY

NAT. SECRETARY'S SIGNATURE: _____ DATE: _____

NAT. PRESIDENT'S SIGNATURE: _____ DATE: _____

NAT. TREASURER'S SIGNATURE: _____ DATE: _____

NAT. SR.V. PRESIDENT'S SIGNATURE: _____ DATE: _____

WARRANT/CHECK # _____ GENERAL LEDGER # _____ CHECK AMT \$ _____

INSTRUCTIONS

REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES FORM

All travel is requested from and **MUST** be approved by the National President. All Reimbursement Forms, with receipts attached, **MUST** be submitted to the National Secretary within 15 days of the event beginning from your last travel date.

PRINT your name, date, title and travel destination, with start and end dates in provided spaces

ENTER your baggage fees – ONE fee for each way for ONE piece of baggage

ENTER your hotel fee. NO EXTRAS, i.e., tips, internet, phone, mini-bar [These will NOT be reimbursed.

ENTER mileage \$.50 per mile up to 1,200 total miles, round trip. INCLUDE A MAP

ENTER start and end mileage from vehicle. No rental car fees or mileage will be reimbursed.

OTHER, for example, would be airport parking fees.

ENTER Per Diem. This is \$65.00 per day PLUS one half day of travel before and one half day of travel after the event.
Example: Convention is 5 days plus one half day of travel to and from (1 days) equals 6 days X\$65.00 = \$390.

ENTER Shuttle/tax/tolls

ENTER TOTAL OF ALL ABOVE EXPENSES

PATRIOT ELIGIBILITY – ENTER YES OR NO. If the Patriot has been paid by MOPH, MOPHA will no longer be responsible for payment to the member for HOTEL or MILEAGE.

If two MOPHA eligible members share a room, it is the responsibility of one member to submit the TOTAL ROOM CHARGES. Only one check will be issued for reimbursement. It then falls to the reimbursed member to pay back the other member.

SIGN and ENTER your mailing address, phone number and e-mail address.

RECEIPTS

NO REIMBURSEMENTS ISSUED WITHOUT RECEIPTS

TAPE ALL ORIGINAL RECEIPTS WITH YOUR NAME PRINTED ON EACH RECEIPT to an 8 X 11.5 piece of paper. Staple that sheet to the Reimbursement Form.

Include mileage map. Retain copy for your records.