

Travel Support and Reimbursement

The National Rural Health Resource Center (Center) will provide reimbursement for travel to the event when this form is completed and required receipts are submitted to invoices@ruralcenter.org.
Receipts are required for all purchases except meals.

- **Airfare:** Reimbursed costs for airfare include main cabin airfare, and associated air travel costs such as baggage, airport parking fees and taxi or other ground transportation.
 - **Ground Transportation:** The Center will reimburse for ground transportation, such as Uber, Lyft taxi, bus or train to and from the event and/or hotel. No other trips will be reimbursed.
 - **Rental Car:** Reimbursed for standard car and fuel for travel to and from the event location. This is recommended for round-trip automobile travel exceeding 450 miles.
 - **Mileage:** Reimbursed at \$.67 per mile for round trip travel to/from event location less than 450 miles round trip. Provide a Google Directions map from place of origin to the event location.
 - **Lodging:** Cost of hotel room rate, taxes and fees only will be covered for the following dates. Additional nights, room service, and other incidentals will not be reimbursed and should be deducted.
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- **Hotel Parking:** Standard hotel parking will be reimbursed. Valet parking is generally not reimbursable.
 - **Meals:** Reimbursement for meals and incidental expenses (M&IE) are based on the Federal GSA guidelines for the event location. Travel days will be reimbursed at 75% of the daily rate. Non-travel day amounts will be reduced based on meals provided at the event. Reimbursement for meals will be based on arrival and departure dates.
One Day Rate:
Two Day Rate:
Three Day Rate:
Four Day Rate:

Please email this entire form and receipts by

National Rural Health Resource Center

Attn: Accounts Payable

[Invoices@ruralcenter.org](mailto:invoices@ruralcenter.org)

Traveler Information

Name:	
Make check payable to:	
Organization Name:	
Mailing Address:	
City, State, Zip:	

Expenses (please provide receipts for all expenses)

Category	Date (or range)	Type	Description if other	Amount
Transportation				
Personal Mileage Rate		Total # of Miles	From: To:	
Lodging (Deduct room service and incidentals charges from the total bill)				
Arrival Date:				
Departure Date:				
Meals and Incidentals: (Choose one)				
Miscellaneous				