

**2020 OBA/YLD EXPENSE REIMBURSEMENT CLAIM FORM**

Must be submitted no more than 45 days from event. Submit this form and documentation to [derwin@holladaychilton.com](mailto:derwin@holladaychilton.com)

Name: \_\_\_\_\_ OBA No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**FILL OUT THE FOLLOWING SECTION FOR REIMBURSEMENT**

Date of Event(s): \_\_\_\_\_ Purpose/Committee: \_\_\_\_\_

Origin and Destination : \_\_\_\_\_

**Airfare**

*[If airfare not purchased 21 days in advance of travel an affirmative vote allowing the expenditure must occur prior to allowance]*

\_\_\_\_\_

**Ground Trans. to YLD Hotel from Airport**

*[cannot exceed the lesser of the actual cost or \$30.00]*

\_\_\_\_\_

**Ground Trans. to Airport from YLD Hotel** *[cannot*

*exceed the lesser of the actual cost or \$30.00]*

\_\_\_\_\_

**Mileage** ( miles at .575 per mile)

\_\_\_\_\_

**Tolls**

\_\_\_\_\_

**Parking**

\_\_\_\_\_

**Meals**

\_\_\_\_\_

**Hotel**

\_\_\_\_\_

**Transportation fare**

\_\_\_\_\_

**Registration Fee for Event**

*[must be early-bird]*

\_\_\_\_\_

**Event Registration**

*[e.g. dinner/dance]*

\_\_\_\_\_

**Other:**

\_\_\_\_\_

**Total:**

\_\_\_\_\_

Claimant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Any expenses exceeding \$10.00 must be sufficiently described. Be advised that unless fully funded, expenses for transportation, meals, and hotel may not exceed \$200 daily per diem.**