

1200 18th Street NW,  Suite 1100
Washington, D.C. 20036
202-347-6352
www.nasaa-arts.org

**NASAA Travel Expense Form**

**- Guidelines -**

Please read these guidelines carefully before completing the form. If you have questions, contact Sylvia Prickett at 202-552-0849 or sylvia.prickett@nasaa-arts.org.

**General**

All travel expense forms should be submitted within three weeks of travel. Receipts or vendor invoices are required for the reimbursement of all expenses, with the exception of tips and mileage. Attach receipts to the completed form. Legible photocopies are acceptable. Be sure to include the business purpose of the trip.

**Travel**

NASAA reimburses for coach rate travel. Any additional costs due to itinerary changes are the responsibility of the traveler unless approved in advance. You can obtain approval from NASAA prior to incurring an expense that is an exception to the reimbursement policy. If your ticket has been direct-billed to NASAA, please note this on the form.

NASAA will reimburse auto mileage at the updated 2023 IRS rate of $0.655 per mile. Please provide documentation of distance; a printout of driving directions is acceptable.

**Lodging**

NASAA reimburses for your room charge and any NASAA-related business expenses. You are responsible for all other incidental charges. If group rates are negotiated, NASAA reimburses only up to that amount.

## Meals

NASAA reimburses according to the current government rates (see <https://www.gsa.gov/travel/plan-book/per-diem-rates>). The 2023 rate for Washington, DC allows a maximum of $79 per day for meals and incidentals. Meal receipts must include full details of your purchase; the total slip with tip is not adequate. This is due to government grant guidelines. For group meals, include the name and organization of all individuals whose meals were paid for. Please indicate the exact amount of each meal on the form.

## Other Expenses

NASAA reimburses expenses such as taxi and subway fares, parking fees, tolls, etc. Please provide receipts for public transportation if possible; a printout of trip and fare is also acceptable.

**In-Kind Contributions**

In-kind gifts help NASAA offset direct expenses in a meaningful way. Rather than being reimbursed for costs such as travel, hotel, mileage, and food and beverage, you may elect to donate these as in-kind gifts. Should you care to make such a gift, please indicate the amount of the donated expense in the **Donate**column on the form and provide receipts. Thank you for considering an in-kind gift to NASAA.

Return your completed NASAA Travel Expense Form and receipts to:

NASAA

Attn: Sandi Tun, Operations Manager

1200 18th Street NW, Suite 1100,

Washington, DC 20036

sandi.tun@nasaa-arts.org

**NASAA Travel Expense Form**

Please read the guidelines before completing this form. Receipt of your reimbursement payment will be delayed if this form is incorrectly completed. You may copy this form if you need more space. Be sure to attach appropriate receipts; legible photocopies are acceptable.

|  |
| --- |
| Name:  |
| Agency:  |
| Mailing Address for Check:  |
| City/State:  | ZIP Code:  |
| Purpose of Trip:  |
| Date of Trip:  |
| Signature: |
| Daytime Phone:  |

**Check payable to (check one):** Individual \_\_\_\_ Agency \_\_\_\_

**Was travel direct-billed to NASAA (check one)?** Yes \_\_\_\_ Amount $\_\_\_\_\_\_\_ No \_\_\_\_

In documenting your expenses, list items to be reimbursed in the *Reimburse* column, and indicate expenses you would like to donate as in-kind contributions in the *Donate* column.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Description** | **Amount** |
| **Reimburse** | **Donate** |
| ***TRAVEL/ LODGING*** |  |  | $ | $ |
|  |  | $ | $ |
|  |  |  | $ | $ |
|  |  | $ | $ |
| ***Subtotal*** | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***MEALS*** |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| ***Subtotal*** | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***OTHER*** |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  | **Honorarium (if applicable)** | $ | $ |
| ***Subtotal*** | $ | $ |
|  |
| ***TOTAL*** | $ | $ |

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