



## TRAVEL REIMBURSEMENT FORM

Officer Name/Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Travel Expenses:

Mileage at .47 per mile \_\_\_\_\_

Tolls and/or Parking \_\_\_\_\_

Car Rental \_\_\_\_\_

Car Rental Gas \_\_\_\_\_

Airline (receipt attached)  
(must have prior approval) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Total Reimbursement \_\_\_\_\_

### Donation Option:

I elect to donate my reimbursement to Pilot International. A PI donation form is attached.\*

**\*donation form required to donate**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

Email completed forms and/or receipts to [accounting@pilothonq.org](mailto:accounting@pilothonq.org) or send by mail to:

102 Preston Ct. Macon, Georgia 31210

Telephone: (478) 477-1208

Fax: (478) 477-6978