





## ASTSWMO Travel Reimbursement Form









For use by individuals approved for reimbursement from or through the Association of State and Territorial Solid Waste Management Officials, 444 North Capitol Street NW, Suite 315, Washington, D.C. 20001. Phone: 202.624.5828. Fax: 202.624.7875. Please submit a hard copy with signature and original receipts. Please complete in full and return along with your In-Kind Match Report. *Please note: you must complete the in-kind form first; the personal information will transfer to the Reimbursement Form.* EFFECTIVE 1/26/2009

Name: \_\_\_\_\_ Date: 12/18/2009   
 E-mail: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Phone: \_\_\_\_\_   
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Meeting attended: \_\_\_\_\_ Subcommittee Meeting  
 Location & Dates: Washington, D.C.; December 16-17, 2009 M & I Maximum: \$71.00 

Instructions: Separate all costs by date columns. Include original receipts for any items over \$75  Include only actual costs incurred, and submit within 10 working days of meeting. See ASTSWMO Travel Reimbursement Procedures for details.


Effective 01/26/2009: Forms received more than 30 days after travel will not be processed.

DATES OF TRIP	DATE	DATE	DATE	DATE	DATE	DATE	TOTAL
	12/15/09	12/16/09	12/17/09				
TRANSPORTATION:							
Air / train fare	\$244.20						\$244.20 
Personal Car Miles	82.0 		82.0 				164.00
Personal Car Cost*	\$45.10	\$0.00	\$45.10	\$0.00	\$0.00	\$0.00	\$90.20 
Taxi / Limo / Metro	\$20.00		\$20.00				\$40.00
Airport parking			\$23.50 				\$23.50 
MEALS:							
Breakfast		\$25.00	\$25.00				
Lunch	\$25.00		\$23.00				
Dinner	\$35.00	\$35.00					
Incidentals	\$8.00	\$11.00	\$8.00				
M & I SUBTOTAL:	\$68.00	\$71.00	\$56.00	\$0.00	\$0.00	\$0.00	\$195.00
HOTEL	\$237.02	\$237.02					\$474.04 
Other:							\$0.00
Other:							\$0.00
*Calculated at \$0.55/mile and based on mileage entered.						TOTAL DUE:	\$1,066.94 

Note: Spreadsheet will not allow entry of M&I charges in excess of maximum M&I rate.

Make check payable to:

\_\_\_\_\_  
 Address to which check will be mailed:  
 the agency above ( ) or home below (X).  
 \_\_\_\_\_  
 \_\_\_\_\_

X Signature 

OFFICE USE ONLY  
 Approved Way Zdeni  
 Code 560126   
 Month Incurred: DEC. 2009

MW  
APZ

The Hotel George  
 15 E Street, NW  
 Washington, DC 20001  
 Phone: 202-347-4200  
 Fax: 202-347-4213  
 Toll Free: 1-800-576-8331  
 hotelgeorge.com

THE HOTEL  
**GEORGE**



Room Number: 502

Daily Rate: 207.00

Room Type: KGDX

No. of Guests: 1 / 0



ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
12/15/09	12/17/09	[REDACTED]	XASC	GASC	[REDACTED]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
12/15/09	502	ROOM CHARGE	#502 [REDACTED]	\$207.00
12/15/09	502	TAX - ROOM-STATE	TAX - ROOM-STATE	\$30.02
12/16/09	502	HONOR BAR BEVERAGE	1 LARGE SPRING WATER	\$6.50
12/16/09	502	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	\$0.39
12/16/09	502	ROOM CHARGE	#502 [REDACTED]	\$207.00
12/16/09	502	TAX - ROOM-STATE	TAX - ROOM-STATE	\$30.02
12/17/09	502	ADJUST KIT	ADJUST KIT	(\$6.89)
12/17/09	502	MASTERCARD	MASTERCARD	(\$474.04)



CREDIT DUE: \_\_\_\_\_ (\$0.00)

PASSENGER TICKET AND BAGGAGE CHECK

ISSUED BY American Airlines

2312949906

PASSENGER RECEIPT 10F 1

American Airlines

ISS. AGENT ID. XTM W1H FARE BASIS /CENTRALIZED TRM

NAME OF PASSENGER (NOT TRANSFERABLE) [REDACTED]

ENDORSEMENTS/RESTRICTIONS: NONREF/CHGFEEPLUSFAREDIF/CXL BY FLT TIME OR NOVALUE

FARE CALCULATION: AA WAS92.10QR10LQKN AA 115.35QR10QKN 207.45 END ZPSTLDCA XT5.00AY9.00XFSTL4.5D

FARE: 207.45 TAX: 15.55 ZP: 7.20 XT: 14.00 USD: 244.20

FORM OF PAYMENT: 00113660239504

NAME OF PASSENGER: [REDACTED]

CARRIER FLIGHT: AA 1642 Q 15DEC QR10LQKN

WASHINGTON REAGAN

NOT VALID FOR TRAVEL 001 2312949906 5

PASSENGER TICKET AND BAGGAGE CHECK

ISSUED BY American Airlines

ISS. AGENT ID. 24X FARE BASIS [REDACTED]

American Airlines BOARDING PASS

NAME OF PASSENGER (NOT TRANSFERABLE) [REDACTED]

WASHINGTON REAGAN

BOARDING PASS FIRST SEAT 5A RUBY

FARE: [REDACTED] TAX: [REDACTED] TOTAL: [REDACTED]

FORM OF PAYMENT: 00113660239493

NAME OF PASSENGER: [REDACTED]

WASHINGTON REAGAN AMERICAN AIRLINES

CARRIER FLIGHT: AA 1642 X 15DEC1125A

GATE C12 BOARDING TIME 1055A SEAT 5A SMOKE NO

RUBY 24X [REDACTED]

PASSENGER TICKET AND BAGGAGE CHECK

ISSUED BY American Airlines

ISS. AGENT ID. 420 FARE BASIS /DCA

American Airlines BOARDING PASS

NAME OF PASSENGER (NOT TRANSFERABLE) [REDACTED]

WASHINGTON REAGAN AA 815 X 17DEC945A

BOARDING PASS FIRST SEAT 6F RUBY

FARE: [REDACTED] TAX: [REDACTED] TOTAL: [REDACTED]

FORM OF PAYMENT: 00114224775320

NAME OF PASSENGER: [REDACTED]

WASHINGTON REAGAN AMERICAN AIRLINES

CARRIER FLIGHT: AA 815 X 17DEC945A

GATE 32 BOARDING TIME 915A SEAT 6F SMOKE NO

RUBY 420 /DCA



Rep# 1478  
12/17/09 11:19 L# 2 A# 21 Txn# 1660  
12/15/09 09:59 In 12/17/09 11:19 Out

Tkt# 841474

LONG TERM \$ 23.50

Total Fee \$ 23.50

MASTER CARD \$ 23.50

Approval No.:86013F

Reference No.:00000078

Change Due \$ 0.00

THANK YOU ANY QUESTIONS OR  
COMMENTS CALL CENTRAL PARKING

