LTI Mileage Reimbursement Form

**Please read the following instructions carefully before filling out the attached Mileage Reimbursement Form.**

To qualify for mileage reimbursement, you must meet the following criteria:

* Must receive approval by an LTI Staff Member to use your vehicle for LTI purposes.
* Must fill out the attached form completely and correctly, submitted in a timely fashion, including:
  + Dates of LTI training/event
  + Full address of departure point
  + Full address of arrival point
  + Total number of miles traveled
  + Toll and parking receipts, including EZ-Pass Statements\*, if any

Please note the maximum reimbursement for mileage, tolls\* and parking\*\* is $275, round-trip.

Upon submission of a completed form, your reimbursement request will be processed by LTI within 30 days. Please note it takes 4 – 12 weeks for your reimbursement check to arrive.

**Mail the completed form to:**

CAI / Leadership Training Institute 505 8th Avenue, Floor 19th

New York, NY 10018

Or e-mail\*\*\* [the completed form to: ccooper@caiglobal.org](mailto:JLIigreci@caiglobal.org)

\* Toll receipts or an EZ-Pass Statement that match the dates of the training/event must be submitted with the Mileage Reimbursement Form.

\*\* Parking receipts that match the dates of the training/event must be submitted with the Mileage Reimbursement Form.

\*\*\* Acceptable electronic submissions include the following file types: .pdf and .jpg

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| YOUR INFORMATION: | | |
| First Name: | Last Name: | |
| LTI Training/Event Name: | | |
| home Address: | | |
| City: | State: | Zip Code: |
| Phone/Cell: | Email: | |

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| --- | --- | --- | --- | --- |
| YOUR TRAVEL DETAILS: | | | | |
| Date: | Address from: | Address to: | Total miles: | Tolls/parking total: |
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| --- | --- |
| Signature of participant: | Date: |
| Please mail this completed form to: | CAI / Leadership Training Institute 505 8th Avenue, FL 19  New York, NY, 10018 |

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| OFFICE USE ONLY: | | | |  |
| 2018 Reimbursement Rate: | ($0.545) x | (total miles) + | (tolls/parking) = | (Max: $275) |
| Checked and approved by: | | | Date: | |