AVIATION PERSONNEL

4756 Hwy. 377 South
Fort Worth, TX 76116
Phone (817) 244-2125

30 Day Travel Log for Expense Reimbursement

As an employee working 50+ miles away from your permanent residence, you are entitled to receive an expense reimbursement for traveling. To continue to receive your Expense Reimbursement or "Per Diem", you are required by the IRS to maintain your residence 50+ miles away from your physical work location. To do so, you must return home for a minimum of 30 days throughout the year. You are required to keep documentation of your travels between your permanent/home location and work location. Below is a log Aviation Personnel will keep on file as additional supporting documentation regarding your travel dates. Please return the log to Admin@Aviationpersonnel.net on a monthly basis.

Please complete the log below based on the following rules.

1. Do not submit future dates.
2. You can only claim days that you were physically present at your home/permanent address.
3. Do not claim a day where you both worked and traveled home. Only full days at home can be claimed.
4. Place an "X" in each box indicating the dates you were at home for a full day at your permanent address.
5. Submit one form per client work location. If you worked in multiple client locations, then you must submit 1 form for each different client work location.

2026	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Client name where you physically worked during the dates indicated above: _____
(You must submit a separate form for each physical location/client you worked at.)

PRINT NAME: _____

LAST 4 OF SOCIAL SECURITY NUMBER: _____

TODAY'S DATE: _____

I hereby affirm all the above is true/correct and that I will maintain receipts necessary to support travel to/from my permanent address and work location.

EMPLOYEE SIGNATURE: _____

Submit the completed form to Admin@Aviationpersonnel.net **Submit Form**