



FAIE Reimbursement Forms

General Instructions

- Please submit the appropriate Reimbursement Form and receipts in one email to the Treasurer (see Board contact information on www.FAIE.org.)
 - Please include the correct mailing address for the reimbursement check
 - Reimbursements will be processed within 3 days of receipt and checks will take approximately 3-5 business days to mail
- Meal allowances are based on state rates following this schedule:
 - Breakfast (\$6) - When travel begins before 6 a.m. and extends beyond 8 a.m.
 - Lunch (\$11) - When travel begins before 12 noon and extends beyond 2 p.m.
 - Dinner (\$19) - When travel begins before 6 p.m. and extends beyond 8 p.m.
- No allowance shall be made for meals, lodging, or per diem when travel is confined to the city or town or within 50 miles of the event.

ELIGIBLE REIMBURSEMENTS (complete the appropriate form below):

- Workshop Chairs and Moderators
- Board Members who must arrive early to set up State Conference
- Guest Speakers
- Board members and those formally invited to attend Summer Board Meeting
- Travel Grant Recipients (only applicable if not paid for by institution/business)
- Purchases made using personal funds on behalf of FAIE/FILC

Regarding Travel:

- Compare available methods of travel and choose lowest cost option:
 - Rental Car - Check if your institution has a contract price & keep receipts for gas
 - Personal Vehicle - Use below link for official mileage between cities and multiply by \$.445 per mile. This includes cost of gas
<https://fdotewp1.dot.state.fl.us/CityToCityMileage/viewer.aspx>
 - Flight - The most economical class available at the time of travel should be chosen and approved by the chair prior to purchase
- Tolls and parking fees that are paid out-of-pocket during regular travel are reimbursable
- Hotel should be a conference hotel or nearest appropriate facility
- Meal allowances will be provided based on travel time. If meals are provided in the conference fee, those meals will not be compensated

**Send completed forms and all documentation to the FAIE Treasurer,
Christine Voigt, at christinevoigt@ufl.edu**



FAIE Travel Reimbursement Form

Workshop Chairs/Moderators & Guest Speakers

Name: _____ Role: _____

Institution: _____

Home City: _____ Travel Destination: _____

Length of travel (date & time) - Depart: _____ / Return: _____

Purpose of Travel: _____

Reimbursement Amount Requested (please, provide receipts):

Mileage/Rental/Airfare: _____

Food: _____

Parking/Tolls: _____

Other (specify): _____

Hotel: _____

Total: \$ _____

Check should be made out to: _____ my institution -OR- _____ myself

Check Payable to: _____

Mailing address for check: _____

Signature: _____

Date: _____

Reimbursable expenses for Guest Speaker or Workshop Chair and 1 Moderator per session:

- Reimbursement for travel
- Full night hotel room the evening before the conference; if necessary
- Meals as appropriate



FAIE Travel Reimbursement Form

Board Members

Name: _____ Role: _____

Institution: _____

Home City: _____ Travel Destination: _____

Length of travel (date & time) - Depart: _____ / Return: _____

Purpose of Travel: _____

Reimbursement Amount Requested (please, provide receipts):

Mileage/Rental/Airfare: _____

Food: _____

Parking/Tolls: _____

Other (specify): _____

Hotel: _____

Total: \$ _____

Check should be made out to: _____ my institution -OR- _____ myself

Check Payable to: _____

Mailing address for check: _____

Signature: _____

Date: _____

Reimbursable expenses for Summer Board Meeting:

- 1/2 night hotel the night before the meeting, if necessary
- Travel

Board Members who must arrive early to set up State Conference:

- 1/2 night hotel the night before the conference
- 1 Dinner



FAIE Travel Grant Reimbursement Form

Travel Grant Recipients

Name: _____ Role: _____

Institution: _____

Home City: _____ Travel Destination: _____

Length of travel (date & time): Depart: _____ Return: _____

Purpose of travel grant: _____

Reimbursement Amount Requested (please, provide receipts):

Mileage/Rental/Airfare: _____ Food: _____

Parking/Tolls: _____ Other (specify): _____

Hotel: _____

Total: \$ _____

Check Payable to: _____

Mailing address for check: _____

Signature: _____ Date: _____

*By signing, you confirm that you did not receive reimbursement from your institution.

Notes for Travel Grant Recipients:

- Only applicable if not paid for by institution/business
- FAIE will provide up to the awarded amount based on receipts received.
- Registration Fee will not be covered for NAFSA Region VII conferences



FAIE Purchase Reimbursement Form

Name: _____ Role: _____

Reason for purchase: _____

Reimbursement Amount Requested (list items separately, must provide receipts):

Total: \$ _____

Check should be made out to: _____ my institution -OR- _____ myself

Check payable to: _____

Mailing address for check: _____

Signature: _____

Date: _____