

### 5545 Benchmark Lane

Sanford, FL 32773

Tel (407) 324-9800 Fax (407) 324-9900

Travel Expense Reimbursement Form

# **Name:**       **Title:**

## Street:

**City:**       **State:**       **Zip:**      

**Phone:**

**Date of Event:** **Reason for Expense:**

# **Event Location:**       **Travel** **From**:       **To**:

# **Travel:** # of Round Trip Miles\*       x $.40 per mile = $

**Or Or**

Car Rental Amount: $

Gasoline: $

**And And**

Tolls: $

Air Fare (*Attach copy* of ticket): $

*Total Travel:* $       (1)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lodging:**        **# of nights x $**       **Room rate =** *Total Lodging:* $       (2)

**Name of Hotel:**

**Meals:** **Day 1 Day 2 Day 3 Day 4 Day 5**

**Breakfast**                        

**Lunch**                        

**Dinner**                        

***Total Meals, excluding alcoholic beverages:***$      (3)

***Registration fee:***$       (4)

**Total Expenses (Total of Lines 1-4): $**

**I wish to receive reimbursement**  **I wish to waive reimbursement**

## Signature:       Date:

Reimbursement will be made in the amount called for in the budget or for the amount requested whichever is less. All reimbursement requests must be accompanied by receipts. Board Members are reimbursed for Board Meeting participation. Failure to attend a Board Meeting will result in forfeiture of reimbursement for that event. Mileage, car rental, tolls, and food statements must include a starting and ending destination and the distance traveled. Non-receipted reimbursement requests cannot be granted. Auto rental must include insurance. Airline reservations must be approved by the District Office prior to ticket purchase.

\*An Internal Revenue audit may require you to verify your odometer reading at the beginning and ending of your reimbursable mileage.

Rev. 4/16/2015