

Participant Travel Reimbursement Form

Foundation for Excellence in Education

Event: ESA/School Choice Field Trip

Location: Jacksonville, Florida

Event Dates: April 15, 2016 Travel Dates: April 14-15, 2016

Internal Use Only

☐ Official: _____

☐ Non-Official

Reimbursement amount: \$ _____

Instructions: Please submit a completed form within 15 days of the event along with detailed/itemized receipts via email to Heather Slager at Heather@excelined.org. Reimbursement checks will be mailed within 30 days of receiving a completed form that includes all appropriate support. Expenses eligible for reimbursement include:

1. **Transportation:** Please choose the most economical choice from the transportation options below.
 - A. Round trip coach air or train fare directly to/from Jacksonville. Flights should be booked by April 1 to ensure full reimbursement. Flights booked after April 1 may not be fully reimbursed and will be evaluated on a case by case basis. Baggage fees up to \$25 each way (\$50 total) will also be reimbursed. Please note: Ticket change fees, airline upgrades and tickets purchased with airline credit are not eligible for reimbursement.
 - B. Mileage of \$0.54 per mile for use of a personal vehicle driven to and from the event. A published mileage guide (i.e. MapQuest, Google Maps) must be submitted for proof of mileage.
 - C. Rental car for two days at daily base rental rate up to \$45/day. Gasoline purchases for the rental car will also be reimbursed.
2. **Hotel accommodations will be provided and paid for directly by the foundation.**
3. **Meals & Incidentals:** The Foundation will reimburse up to \$100 for meals & incidental expenses.
 - Meals for the attendee with gratuity up to 20%. (Guests or family members of the attendee are excluded.)
 - Home airport or hotel parking fees.
 - Taxi travel to/from event with gratuity up to 20%, tolls where applicable.
 - **Ineligible** expenses include phone, internet, GPS, alcoholic beverages, cash tips, and hotel mini-bar purchases.

Please note that additional days of travel are considered personal and should not be submitted for reimbursement.

Reimbursements shall only be provided for documented expenses with itemized receipts.

| Eligible Travel Expenses | Amount | Internal Use Only |
|--|--------|-------------------|
| Transportation option A: Coach Air or Train Fare | | |
| Transportation option B: Personal Vehicle Mileage | | |
| Transportation option C: Rental Car | | |
| Meals/Incidentals: | | |
| Meals/Incidentals: | | |
| Meals/Incidentals: | | |
| Grand Total (do not exceed \$75/day for incidentals): | \$ | |

Participant Information:

Name of Participant

Name on the reimbursement check, if different

Address

City

State

Zip

Phone

Email

Signature of person receiving the reimbursement check

Date

By Signing this form you acknowledge you are allowed by your state and employer to accept reimbursement of these expenses.