## Panel 55 - Temp. Reimbursement Form

## **AWSC – February 5-6, 2016**

NAME: (please print)		
Coordinator Officer	_ Past Delegate Event Chair Ot	her
Gasoline Cost (round trip) :		
Tolls		
Food (Max \$30)		
Expenses:		

Expenses related to your position (copying, printing, telephone, supplies) **I do not need receipts.** You may want to keep them so you can pass them along to the next Service volunteer for an idea of what to expect. Please keep in mind your annual Budget allowance.

## **Total Reimbursement:**

Member Signature: \_\_\_\_\_

## **REIMBURSEMENT GUIDELINES:**

Hotel: NFA will pay for your hotel room on the Master Bill. You must use a credit card for your incidentals. NFA will pay for 1/2 of total room cost up to \$99 per room (double occupancy), 2 nights max. Any member staying alone will be required to pay 1/2 of the room cost before the end of the meeting. (If you cancel after cut-off you will be responsible for reimbursing NFA.)

Food: NFA will reimburse \$10 per breakfast (1), and \$20 per dinner (1). Maximum Food allowance is \$30. All other meals will be provided.

Gas and Tolls: NFA will reimburse actual cost of gas (round trip) and tolls. Please consider ride-sharing to save on these costs. You may figure this out as you see fit.

GIPS: Rooms and meals will be paid on the Master Acct, and the District will Reimburse the Area.

During the transition time it is vital to keep communication clear. Please contact either Llew (<u>secretary@AFGArea9.org</u>) or Cindy (<u>chairperson@AFGArea9.org</u>) with any questions regarding reimbursements.

Please send all Background Check Reimbursement Requests and other Area Expense requests to Cindy. Snail Mail: 1700 North Monroe Street, Suite 11-120 / Tallahassee, FL 32303. Checks will be mailed.

Area Use Only Check Number \_\_\_\_\_ Date sent \_\_\_\_\_