



**FLORIDA INTERSCHOLASTIC ATHLETIC  
ADMINISTRATORS ASSOCIATION**

5200 NW 43 St., Suite 102-192, Gainesville, FL 32606

**TRAVEL EXPENSE VOUCHER**

(Instructions on Back)



Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

DEPART Home Date: \_\_\_\_\_ Time: \_\_\_\_\_ M RETURN Home Date: \_\_\_\_\_ Time: \_\_\_\_\_ M

**Transportation:**

Round Trip Auto Miles _____ @ \$ 0.50	\$ _____
Air Travel (attach Receipt) Prior Approval Required	\$ _____
Car Rental (attach Receipt) Prior Approval Required	\$ _____

**Meals: MUST COMPLETE DEPARTURE & RETURN TIMES ABOVE**

		Travel time must be		Amt	Day 1	Day 2	Day 3	Day 4	Day 5	
		Before	to After							
Brkfst*	7:30AM	8:30AM	\$ 6.00	_____	_____	_____	_____	_____	_____	
Lunch*	11:30AM	1:30PM	\$ 11.00	_____	_____	_____	_____	_____	_____	
Dinner*	5:30PM	6:30PM	\$ 19.00	_____	_____	_____	_____	_____	_____	
			\$ 36.00							\$ _____

\*If any meals are provided by hotel or included in conference registration, do not claim

**Other Expenses:**

Hotel (Receipt Required)	\$ _____
Parking (Receipt Required)	\$ _____
Tolls (Receipts Required one way) _____ x 2	\$ _____
Miscellaneous: (Specify) _____	\$ _____

**TOTAL EXPENSE REIMBURSEMENT CLAIMED**

\$

**Notes/Comments:**

*I hereby certify that above expenses were incurred by me as necessary traveling expense in the performance of my official duties in connection with the FIAAA; and this claim is complete, true and correct in every material matter.*

Submitted By \_\_\_\_\_

Authorized By \_\_\_\_\_

Date Authorized \_\_\_\_\_

## FIAAA TRAVEL REIMBURSEMENT POLICY

### MEALS

An allowance for meals is paid rather than reimbursing actual expenses based on **IRS Standard Meal Allowance rates**. Meal allowance is calculated in the following manner:

\*Breakfast provided if traveling before 7:30am-until after 8:30am

\*Lunch provided if traveling before 11:30am-until 1:30pm

\*Dinner provided if traveling before 5:30pm-until after 6:30pm

**Departure and return sections of the travel voucher reimbursement form must be completed in order to receive the meals allowance. Meals provided by the hotel (i.e. breakfast) or included in conference registrations can not be claimed.**

### HOTEL

Hotel accommodations for Executive Board Meetings and Board of Director Meetings are arranged by FIAAA and directly paid by FIAAA. In all other cases the hotel expenses will be reimbursed. **Travelers are required to provide a hotel receipt to document the stay in order to receive reimbursement.**

### MILEAGE

Mileage is reimbursed at the current IRS rate.

### TOLL RECIEPTS

**Toll receipt must be provided one way** and the traveler will be reimbursed for twice the amount, to include cost of the round trip.

### CAR RENTAL

Receipts must be attached for reimbursement of car rental.

### AIRFARE

Receipts must be attached for reimbursement of airfare.

### MISCELLANEOUS

Receipts for parking, gasoline for rental cars, taxi and shuttle service must be provided for consideration of reimbursement.

### SIGNATURE REQUIRED

The Travel Expense Voucher form must be **signed and dated** by the person requesting the reimbursement.

**Incomplete travel vouchers will be returned to traveler for completion.**

### DEADLINE FOR SUBMISSION

Travel reimbursement vouchers must be submitted to the treasurer no later than the 10<sup>th</sup> of the month following the month of travel. **Vouchers submitted later than 45 days from the date of travel will not be reimbursed.** Any exceptions due to extenuating circumstances must be approved in advance by the President.