

FHSAA TRAVEL REIMBURSEMENT POLICY FOR
FHSAA BOARD MEETINGS

MEALS

An allowance for meals is paid based on **Florida Statute 112.061 Travel expenses of public officers, employees and authorized persons**. Meal allowance is calculated in the following manner:

- *Breakfast provided if traveling before 6:00am-until after 8:00am
- *Lunch provided if traveling before 12noon-until 2:00pm
- *Dinner provided if traveling before 6:00pm-until after 8:00pm

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 by FHSAA cannot be claimed.

HOTEL

Hotel accommodations for most board meetings are arranged by FHSAA and directly paid by FHSAA and are not claimed as a reimbursement on this form. If a board member stays at a hotel other than the designated FHSAA hotel, the room may be reimbursed at the FHSAA corporate rate if prior approval was obtained from the Executive Director. **Travelers are required to provide a hotel receipt to document the stay in order to receive reimbursement for hotels other than the FHSAA designated hotel.**

MILEAGE

Mileage is reimbursed at the current IRS rate. Mileage is allowed from departure city to destination city plus vicinity mileage. If vicinity mileage is more than 10 miles, please document reason in comment section of form.

SPECIAL CONSIDERATION POLICIES

Exceptions due to special circumstances of the following expense allowances are not automatically given. They must be noted in comment section of form; receipts are required. These special circumstances must be approved by the Executive Director.

1. Car Rental
2. Hotel other than FHSAA designated hotel
3. Airfare or other common carrier

***** DEADLINE FOR SUBMISSION**

Travel reimbursement vouchers will be processed within 10 days of receipt. If voucher is submitted 5 calendar days prior to board meeting, checks will be available at the conclusion of the meeting. **Vouchers submitted later than 45 days from the date of travel will not be reimbursed.** Any exceptions due to extenuating circumstances must be approved by the Executive Director.



1801 NW 80th Blvd. Gainesville, FL 32606 (352)372-9551

FHSAA BOARD MEETINGS TRAVEL EXPENSE VOUCHER - BOARD MEMBERS ONLY
(Expense Allowances on Back)

Please complete ALL sections of the box and submit to Finance OR email to dmahoney@fhsaa.org:

Name _____		Date Submitted: _____	
Address _____		City _____	State _____ Zip _____
Work Phone _____	Home Phone _____	Email _____	
Destination <u>Gainesville (if special meeting in another city, use comment section to name the city)</u>			
Did you have Road Tolls (turnpike, etc)?		Yes _____	No _____
DEPART Home: Date: _____ Time: _____ M		RETURN Home (estimate): Date: _____ Time: _____ M	
Assume departure from Gainesville begins at 1 PM			
Special Considerations/Comments (please make note of any special circumstances you need considered in calculating your reimbursement for this trip - if left blank, all policy applications will be applied - see reverse side of form)			
<i>I hereby certify that above information is accurate and should be used in calculating travel expenses due to me for the performance official duties in connection with the FHSAA; and this claim is complete, true and correct in every material matter.</i>			
Submitted By (Signature) _____		May submit electronically, send form by email from your email address to dmahoney@fhsaa.org. Type "signature confirmation by email" on this line, OR apply electronic signature image if available.	

STOP - TRAVELER DOES NOT COMPLETE anything below this line --- For FHSAA Staff ONLY - Calculation Worksheet:

Transportation:	Round Trip Auto Miles _____ @ 56.5 cents (based on Google maps)	\$	
	Vicinity (local) Auto Miles 10 miles @ 56.5 cents (max allowed)		\$5.65

Meals: BASED ON DEPARTURE & RETURN TIMES ABOVE

	Travel time must be		Capped Amt	Day 1	Day 2	Day 3	Day 4	Day 5	
	Before	to After							
Brkfst*	6:00AM	8:00AM	\$ 6.00	_____	_____	_____	_____	_____	
Lunch*	12NOON	2:00PM	\$ 11.00	_____	_____	_____	_____	_____	
Dinner*	6:00PM	8:00PM	\$ 19.00	_____	_____	_____	_____	_____	
			\$ 36.00						\$

*If any meals are provided by hotel or FHSAA, mark as "COMP", zero reimbursement

Other Expenses:

Tolls - per Sun Pass website (If marked "Yes" above)	\$
Miscellaneous: (Specify) _____	\$

TOTAL EXPENSE REIMBURSEMENT DUE \$

Calculation Worksheet Prepared By _____ Authorized By (Executive Director) _____ Date Authorized _____

Fund	Dept	Func	GL Code	Prog
01	24	371	5341	00