FLORIDA SCHOOL BOARDS ASSOCIATION
TRAVEL/EXPENSE REIMBURSEMENT REQUEST FORM

Name: _____

Date of Trip or Expenses:_____

Destination: _____

Purpose of Trip or Expenses: _____

EXPENSES

Car Mileage: _____ **miles @ $.445 per mile**		**$** _____
Other Transportation Costs:	**Airfare**	**$** _____
	Taxi	**$** _____
	Tolls	**$** _____
Lodging		**$** _____
Meals		**$** _____
Car Storage		**$** _____
Tips		**$** _____
Miscellaneous: (Explain)		**$** _____

_____

_____

_____

_____

Total Expenses	**$** _____
Less Advance (if any)	**$**_____
AMOUNT DUE	**$** _____

Signature_____ **Date**_____

To ensure prompt reimbursement please attach documentation of all expenses claimed, including mileage.

The form and documentation may be emailed to Dunlap@fsba.org or mailed to Leslie Dunlap, 203 S. Monroe Street, Tallahassee, FL 32301.