FSBA

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 @ $0.725 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 steffens@fsba.org or mailed to Jordan Steffens, 203 S. Monroe Street, Tallahassee, FL 32301.