**AAUW Florida Travel Reimbursement Form**

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAY TO**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

**PURPOSE OF TRAVEL:**

Board Meeting: \_\_\_\_\_

Regional Conference: \_\_\_\_\_

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attending the meeting \_\_\_\_\_\_ to \_\_\_\_\_\_\_\_.

**YOUR ROLE:**

AAUW Florida Board \_\_\_\_\_\_\_

Are you a co-officer? Yes \_\_\_\_\_. No \_\_\_\_\_

Other: Committee member \_\_\_\_\_\_\_\_\_\_ Presenter: \_\_\_\_\_\_\_\_\_\_\_

**DID YOU DRIVE?**

Yes \_\_\_\_\_. No \_\_\_\_\_ (mileage is reimbursed at 30 cents per mile).

Distance from start to destination and return \_\_\_\_\_\_\_\_. X $0.30 = \_\_\_\_\_\_\_\_\_\_\_

**HOTEL** (If receipts are attached, can be reimbursed for one-half the cost of a standard double room.)

Did you travel more than 75 miles (one-way) to the meeting? \_\_\_\_\_\_\_\_\_\_

Did you stay in a hotel? Yes \_\_\_\_\_. No \_\_\_\_\_. (Attach receipts)

Full cost of hotel (including taxes and fees) per night. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time did the final day of the meeting end? \_\_\_\_\_\_\_\_\_

Nights in the hotel: \_\_\_\_\_\_\_.

March 2024