



1801 NW 80th Blvd. Gainesville, FL 32606 (352) 372-9551  
**COMMITTEE MEETINGS, CONSULTANT and BOD MEMBERS**  
**(Expense Allowances on Back/Page 2)**

Please complete ALL sections and submit to Financial Services OR e-mail to dmahoney@fhsaa.org:

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Purpose of trip/destination: \_\_\_\_\_  
 Mode of transportation (check only one): Drove Auto: \_\_\_\_\_ Rode With Someone: \_\_\_\_\_ Air Flight: \_\_\_\_\_ (attach receipt)  
 Did you have toll roads (Turnpike, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 DEPART home: Date: \_\_\_\_\_ Time: \_\_\_\_\_ M RETURN home (estimate): Date: \_\_\_\_\_ Time: \_\_\_\_\_ M  
 Special Consideration/Comments (please make note of any special circumstances you need considered in calculating your reimbursement for this trip on the lines below - if left blank, all policy applications will be applied - see reverse side/page 2 of form)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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.  
 May submit electronically.  
 To do so, e-mail form to dmahoney@fhsaa.org.  
 Submitted by (Signature) or type "Signature by E-mail"

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

**Transportation** \*\* The most economical method of travel will be reimbursed.  
**Reimbursement based on the LESSER of (see instructions on reverse side/page 2)**  
 Round trip auto miles \_\_\_\_\_ @ 44.5 cents (based on Google maps) \$ \_\_\_\_\_  
 OR  
 Car rental allowance  
 \$30 x \_\_\_\_\_ Days; plus \_\_\_\_\_ round trip miles @ 15.5 cents \$ \_\_\_\_\_  
 Vicinity (local) auto miles - 10 miles @ 44.5 cents (max allowed) \$ 4.45

**Meals: BASED ON DEPARTURE & RETURN TIMES ABOVE**

|         | Travel time must be |           | Capped<br>Amt | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |          |
|---------|---------------------|-----------|---------------|-------|-------|-------|-------|-------|----------|
|         | before              | after     |               |       |       |       |       |       |          |
| Brkfst* | 6:00 a.m.           | 8:00 a.m. | \$ 6.00       | _____ | _____ | _____ | _____ | _____ |          |
| Lunch*  | 12 noon             | 2:00 p.m. | \$ 11.00      | _____ | _____ | _____ | _____ | _____ |          |
| Dinner* | 6:00 p.m.           | 8:00 p.m. | \$ 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 or Designee) \_\_\_\_\_ Date Authorized \_\_\_\_\_

| Fund | Dept | Func | GL Code | Prog |
|------|------|------|---------|------|
|      |      |      |         |      |

**FHSAA TRAVEL REIMBURSEMENT POLICY FOR  
COMMITTEE MEETINGS, CONSULTANT AND BOD MEMBERS**

**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 6:00 a.m.-until after 8:00 a.m.
- \*Lunch provided if traveling before 12 noon-until after 2:00 p.m.
- \*Dinner provided if traveling before 6:00 p.m.-until after 8:00 p.m.

**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**

If traveling more than 300 round trip miles, hotel accommodations for most committee meetings are arranged by FHSAA, must be preapproved, and are directly paid by FHSAA. If a traveler stays at a hotel other than the designated FHSAA hotel, the room will be reimbursed at the FHSAA corporate rate paid for that event if prior approval was obtained from the FHSAA. **Travelers are required to provide a hotel receipt to document the stay in order to receive reimbursement if staying at a hotel other than the FHSAA designated hotel. If hotel arrangements are not preapproved and arranged by the FHSAA, you will NOT be eligible for reimbursement.**

**MILEAGE**

The FHSAA shall designate the most efficient and economical means of travel for each trip. Mileage is reimbursed at the current State of Florida rate or car rental rate (see below), whichever is LESS. Mileage is allowed from departure city to destination city. If traveling more than 150 round trip miles and duration is no more than two days, the rental car allowance is the preferred method even if the traveler drives a personal owned vehicle (see "Car Rental Allowance"). Vicinity mileage (for local travel to and from hotel) is reimbursed at the current State of Florida rate and may not exceed 10 miles.

**CAR RENTAL ALLOWANCE**

Rental of a vehicle in lieu of use of personal vehicle is encouraged when traveling more than 150 round trip miles and no more than two days since the cost of travel for the rental plus gasoline is less than the standard State of Florida mileage rate. **Travelers who prefer to drive their own vehicle will be paid for mileage reimbursement at the FHSAA rental cost plus allowance for round trip miles or the State of Florida mileage rate, whichever is LESS.** Enterprise Leasing has a pricing agreement with FHSAA of \$30 per day by referring to contract #43A7322. Total Rental Car Allowance is \$30 per day plus an allowance per mile for gasoline. You will not have to furnish a receipt and the reimbursement will be calculated for you. This rate includes insurance. In addition, Enterprise fees may be reimbursed with a copy of the receipt.

**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. Hotel other than FHSAA designated hotel
2. Airfare or other common carrier

**\*\*\* DEADLINE FOR SUBMISSION**

Travel reimbursement vouchers will be processed within 10 days of receipt. **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.