# Florida Fellows Institute of the American College of Trust and Estate Counsel

#### FLORIDA FELLOWS INSTITUTE

AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL 90115th Street NW, Suite 525 Washington, DC 20005 (202) 684-8460 Fax: (202) 684-8459

### POLICY FOR REIMBURSEMENT OF EXPENSES BY SPEAKERS

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Policies, policies, everywhere. While we'd prefer the laissez faire, experience teaches us that direction will eliminate the need for correction.

For your participation in FFI, we offer gratitude, and now codify how you get paid back for meals, lodging, travel, using our good deals.

First, there is a form, required by the College. No departures, not even for those with inside knowledge. Second, as to transportation, IRS rate for mileage or fly coach. Third, use the group rate at the FFI hotel, stay above reproach! Fourth, dine with FFI on Thursday night And for lunch be with us to take a bite.

> Common sense, not just by Thomas Paine Also for speakers - use your brain! You are among the best! Don't submit an embarrassing request.

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## REQUEST FOR REIMBURSEMENT OF EXPENSES

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PLEASE TYPE OR PRINT		
Purpose:		
Dates:	_	
Air Transportation (Attach Receipts):		\$
To and From Terminals (Taxi, Uber, etc.):		
Automobile (Attach map printout showing milea	age and parking or toll receipts):	
Mileage: @ per mile	Parking: Tolls:	
Lodging and Meals (Attach Receipts):		
Other Miscellaneous Expenses (Include description	ion below):	
Less reimbursements received from other source	es:	
Total Reimbursement Requested:		\$
RECEIPTS ARE REQUIRED FOR AIR TRAVI EXPENDITURES THAT EXCEED \$25.00. GO SUPPORT MILEAGE REIMBURSEMENTS R	OOGLE OR BING MAPS PRINTOUTS ARE RE	
Make Check Payable to: (Individual, Firm or Comp	pany)	
Print Name:	Signature:	
Payment Address:  (Street Address or P.O. Box)		
(City, State and Zip Code)		
Phone:	Email:	

PLEASE EMAIL COMPLETED REQUEST FORMS ALONG WITH RECEIPTS: FFI.ACCOUNTPAYABLE@BILL.COM .

A REQUEST FOR REIMBURSEMENT MUST BE RECEIVED ON A FLORIDA FELLOWS INSTITUTE REIMBURSEMENT FORM WITHIN THREE MONTHS AFTER THE EXPENSE WAS INCURRED. OTHERWISE, THE REQUEST WILL BE DENIED. PAYMENT TERMS ARE NET 30 UNLESS OTHERWISE SPECIFIED.