

Affiliate Reimbursement Request Form

Renaissance Vinoy St. Petersburg

January 12-13, 2018

Type of Transportation: _____ \$ _____

Air or Rental Car (include original receipts. For rental car, include rental car agreement) OR

Personal Automobile: City of origin _____ Number of miles _____ @ \$0.545 = ...\$ _____

Tolls _____ \$ _____

Transportation to/from Airport/Station (Cabs, Uber, etc.) _____ \$ _____

Lodging (to include hotel parking):

No. of nights _____ \$ _____

TOTAL MEETING-RELATED EXPENSES _____ \$ _____

TOTAL REIMBURSEMENT REQUESTED (\$400.00 maximum) _____ \$ _____

TOTAL REIMBURSEMENT _____ \$ _____

Make check payable to (please type or print):

Name: _____

Affiliate Organization _____

Fla. Bar Attorney No. _____

Address: _____

(Street or P.O. Box)

(City, State and Zip Code)

I certify that this request complies with the reimbursement rules stated herein and all information is accurate.

(Affiliate Representative's Signature)

YLD Authorization:

Signature of the Budget Director, or his or her designee, certifies that this expense has been authorized by the Young Lawyers Division and is in compliance with the applicable rules and regulations of the Young Lawyers Division.

(Budget Director's Signature)

(Date)

YLD REIMBURSEMENT PROCEDURES AND RULES

Each request should be submitted to the YLD Division Administrator as soon as possible and in no event more than 30 days after the expense has been incurred. All reimbursement requests should be received by the YLD Administrator by February 17, 2017. You may submit a scanned copy via email, as long as all appropriate receipts have been included. You may also mail an original copy with receipts for processing.

Original supporting receipts, such as airline tickets, hotel bills and credit card receipts must be submitted with this form. If you mail in your request, please staple your receipts to the form and be sure to keep a copy of the receipts you submit. If you have lost any of the receipts which should accompany your reimbursement request, you must indicate that fact in an accompanying memo together with the nature and amount of the expense incurred. No reimbursement will be made in excess of the amounts reflected on receipts or \$400.00 whichever is less. Credit card statements will not suffice in lieu of receipts unless it is included with a statement regarding a lost receipt. Duplicates of lost hotel receipts may be obtained by contacting the Casa Monica accounting office.

CERTIFICATION

Reimbursement is limited to two designated representatives per each participating affiliate organization, not to exceed \$400 per representative. Reimbursable expenses include transportation (airfare, rental car, rental car fuel, personal mileage, etc.) and lodging expenses. Personal meals are not reimbursable. For those affiliates sharing rooms and/or transportation, only one affiliate rep will be reimbursed for those expenses unless a single expenses has been covered or split between the two reps of the same affiliate organization. An accompanying note, letter or email should be included with the reimbursement request, indicating the amount of the split and the name of the designated rep with whom the reimbursement is being split. Receipts are not required to report mileage for the use of personal automobile, but the reimbursement request should include the city of origin and the number of roundtrip miles.

Send to: Tom Miller
The Florida Bar
651 E. Jefferson Street
Tallahassee, FL 32399-2300
Fax: 850-561-5825 Email: tmiller@flabar.org