

**FFA
REIMBURSEMENT FORM**

Name _____ Title _____ SS# _____

Home Address _____ City _____ State NV Zip _____

Agency _____ Destination _____

Purpose of Travel _____

If dates and/or times do not match airline itinerary, please explain: _____

Departure Date _____ Departure Time _____ Return Date _____ Arrival Time _____
Mo/Day/Year Mo/Day/Year

TRAVEL EXPENSES (See reverse side for limitations and requirements)

1. <u>Airfare</u> (Must Return Travelers Portion of Airline Ticket regardless of Self or Agency paid)			
From _____	To _____	Paid By _____ <small>(Self or Agency)</small>	Cost _____
2. <u>Auto</u>			
From _____	To _____	Total Miles _____ <small>(One way or R/T)</small>	Cost _____
3. <u>Other Travel Expenses - Taxi, Parking, Etc.</u> (Must have receipts)			
Item Description _____			Cost _____
Item Description _____			Cost _____
4. <u>Registration Fee</u> (Must have receipts, may not include membership fees)			Cost _____
5. <u>Meals and Lodging</u> (Only expenses not covered by registration fee)(refer t reverse side for Time Limitations)			
_____ breakfast @ \$5.50 each	=	_____	
_____ lunch @ \$6.50 each	=	_____	
_____ dinner @ \$14.00 each (in state)	=	_____	
_____ night lodging @ \$43.00/night each (in state)	=	_____	
_____ night lodging @ \$60.00/night each (out-of-state)	=	_____	
		Total Meals & Lodging	Cost _____

CLAIMANT SIGNATURE	TOTAL THIS CLAIM	\$
FFA State Director Approval	TOTAL CLAIM APPROVED	

PLEASE SHADED AREA FFA USE ONLY

Please Note: This reimbursement form must be returned within 15 days after travel is completed. Claims submitted after the 15 day period will not be honored. Information regarding reimbursement limits and allowable expenses is given in detail on the reverse side of this form. Please read carefully. Upon completion, please return along with all necessary receipts to:

FFA State Director
 Workforce Education
 Nevada Department of Education
 700 East Fifth Street
 Carson City, Nevada 89701-5096

REIMBURSEMENT POLICIES

SPECIAL NOTES

No receipts are required for meals. When individuals receive meals as part of their airfare or when the meals are provided as a result of a registration fee, no reimbursement is allowed for that particular meal. A copy of the agenda is required.

If the out-of-state lodging cost exceeds the rates listed above, **please notify the Workforce Education office prior to your departure.**

Original receipts are required to be returned to this office for lodging (out-of-state only), conference registration, commercial parking, taxi, limousine service and the passenger receipt of the airline ticket (regardless of prepaid ticket). **Tickless airline travel will not be allowed through FFA.**

MILEAGE

Mileage for both In State and Out of State travel will be reimbursed at 20 cents per mile*.

*If airline travel (economy class only) is less expensive than the approved mileage rate (20 cents) to a particular destination, then the individual will be reimbursed at the airfare amount in lieu of the more expensive mileage amount.

REIMBURSEMENT RATES

Persons on travel status are entitled to reimbursement for the following items at the State-approved reimbursement rates:

\$ 5.50	Breakfast
\$ 6.50	Lunch
\$ 14.00	In-State Dinner
\$43.00	In-state Lodging (no receipt required)
\$60.00	Out-of-state Lodging (receipt required)

TIME LIMITATIONS

Persons start travel status on or prior to 6:30 a.m.	Receive breakfast
Persons start travel status on or prior to 11:30 a.m.	Receive lunch
Persons start travel status on or prior to 5:30 p.m.	Receive dinner
Persons terminating travel status on or after 7:30 a.m.	Receive breakfast
Persons terminating travel status on or after 1:30 p.m.	Receive lunch
Persons terminating travel status on or after 6:30 p.m.	Receive dinner