Florida Agriculture in the Classroom, Inc. Workshop/School District Visit

**Expense Reimbursement**

**Please complete this form and mail with your receipts to:**

**Florida Agriculture in the Classroom, P.O. Box 110015, Gainesville, FL 32611-0015.**

Name:

Company/School:

Address (where you would like your check sent):

City: State: Zip:

Type of Workshop: *Gardening for Grades Gardening for Nutrition* FLP

Date of Workshop: Times of Workshop:

Facilitator Fee $

Travel Expenses

 Mileage x state rate (2015 is $0.445) $

 Lodging (if overnight stay required – Must be pre-approved) $

 Meals $

Workshop expenses (please include receipts or copies of receipts) $

**Activities/Lessons must be on the original agenda to be reimbursed**

Total Reimbursement $

Please make check payable to:

Signed: Date:

**Please Attach Receipts**

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| For FAITC Office Use OnlyDate Received: Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved By: Check No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |