

Reimbursement Guidelines for Funded Attendees

Here are important excerpts from the ASWB Travel Policy. It is recommended that funded attendees familiarize themselves with the <u>complete travel policy</u>.

- The ASWB Request for Reimbursement Form that follows must be used to request any travel reimbursements.
- **Requests for reimbursement** should be made as soon as possible, but in all cases within 30 days of the time when the expenses were incurred.
- **Receipts** (either paper or digital) MUST be included with the reimbursement form.
- **Reimbursements** take three to four weeks to be processed.
- Airline or rail reservations are to be arranged through Covington Travel at team7@covtrav.com, brendam@covtrav.com, or 888.295.0004 at least 30 days in advance of the meeting.
- If an attendee is driving to the meeting instead of air or rail transportation, reimbursement shall be at the current U.S. federal government rate for mileage, up to the cost of the lowest round-trip airfare. The attached form will calculate mileage reimbursement based on the current U.S. federal rate.
- **Ground transportation** to and from the airport or train station should be the least expensive means (e.g., shuttle, carpool, shared taxi, etc.)
- **Meals** will be reimbursed up to \$25 for breakfast, \$30 for lunch, and \$60 for dinner inclusive of travel days. When meals are provided by ASWB in conjunction with the meeting, only the cost of the remaining meal(s) will be reimbursed.
- **Lodging** will be covered by ASWB only for the nights required to attend the meeting.
- **Any other personal transportation** will not be reimbursed such as taxi fare to dinner from the hotel.

For any questions or concerns, please contact Melissa Ryder, director of volunteer engagement and outreach, mryder@aswb.org or 800.225.6880, ext. 3013.

Submit reimbursements using the following form:

Mail Email Fax

ASWB payables@aswb.org 540.829.0562

Attn: Reimbursements

17126 Mountain Run Vista Ct.

Culpeper, VA 22701



This is a fillable form in Acrobat Reader, which is available for <u>download</u> at no cost. If your Internet browser does not support fillable forms, download this file and open it in Acrobat Reader to complete it.

Request for Reimbursement

Association	on of Social Work Boards	Negue	30 101 1			-	IC				
			Address								
		1									
Date		Phone									
Event:			The following	avnancac was	incurred by me	a an hahalf al	ACIA/D				
LVEIIC.			The Tollowing C	expenses were	· IIICUITEU DY IIIC	e un venan ur	ASWE				
				(sig	nature)						
Date		Description (from/to)		Mileage	Mileage amt.	Other transport	Parking	Other expense*	Breakfast \$25 limit	Lunch \$30 limit	Dinner \$60 limit
						G.G.I.Sport		Спрешье	Yas unite	450 mmc	400 00000
Transportation subtotal:					Meals subtotal:						
*For example, lodging expenses if not provided, airline baggage fees, etc.						TOTAL REIMBURSEMENT:					

Form must be submitted within 30 days after completion of the meeting for reimbursement. Receipts or digital receipts are required. Expenses without receipts will not be reimbursed.

Office use only							
Approved by	Date						