

STUDENT SCHOLARSHIP TRAVEL REIMBURSEMENT



**The Florida Bar
Labor and Employment Law Section**

Name _____ Atty. # _____

Firm: _____

Address: _____

City/State/Zip: _____

Date of Travel: _____

Purpose of Travel: _____

TRAVEL EXPENSES

Any AMOUNT \$25.00 AND OVER requires a receipt.

TRANSPORTATION:

Personal Car: _____ miles at .58¢ per mile \$ _____

Car Rental: _____ company (# of days _____) \$ _____

(Original Car Rental Agreement & Receipt required)

OTHER EXPENSES

Hotel (Room and tax only, group rate or lowest rate available) \$ _____

(Room and tax only. Hotel receipt required--not credit card slip.)

Taxi \$ _____

Tolls \$ _____

Parking \$ _____

Itemize: _____ for a total of \$ _____

_____ for a total of \$ _____

_____ for a total of \$ _____

(\$350 MAXIMUM REIMBURSEMENT / SUBMIT REQUESTS QUARTERLY) TOTAL \$ _____

_____ Make check payable to me.

Labor & Employment Law Section Approval:

_____ Make check payable to _____.

Signature

Return to: Angie Froelich, The Florida Bar
651 E. Jefferson Street
Tallahassee, Florida 32399-2300
Email: afroelic@flabar.org

Date