



FLORIDA DISTRICT KIWANIS INTERNATIONAL
Reimbursement Request

Date: _____

Name: _____

Address: _____

City State Zip: _____

Office: _____ Division: _____

Event: _____

Registration Fee: \$ _____

Mileage: # of Miles _____ @ \$0.40per mile \$ _____ *

Air Fare: \$ _____

Meals: \$ _____

Miscellaneous (taxi, parking, tolls, hotel, etc.): \$ _____

TOTAL: \$ _____

- 1. *Mileage may not exceed Economy Rate Round Trip Airfare.
2. Receipts must be submitted for airline, public transportation, hotels, meals, and registration.
3. The District Reimbursement will be limited to the amount specified in the approved District Budget.
4. Eligibility for overnight lodging for meetings is dependent on the travel time and the meeting start time. The Executive Director will determine eligibility.

Send form electronically to:

melanie@floridakiwanis.com

Melanie Winterheimer

Executive Director

1205 Airport Blvd.

Sanford, FL 32773

Date Received: _____

Approved: _____

Check Number: _____

Date: _____