



## 2009 Florida Partnership AP Summer Institute Scholarship Recipient Funds Request Form

For Institute travel expenses OUTSIDE of the district where you work or live. Allow 4 to 8 weeks from time of receipt for processing.

**Contact Information: MUST be complete to receive reimbursement.**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

School Name: \_\_\_\_\_

Position at School: \_\_\_\_\_

District Name: \_\_\_\_\_

School E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

**Paperwork Submission Check List:**

*Did you attach the appropriate documentation for submission of your request? Please use the check list below:*

Certificate of Attendance from the Institute	_____
Completed and Signed IRS W-9 Form	_____
Mileage Verification Map for any Mileage Expense	_____
Any Eligible Travel Expense Receipts	_____
Hotel Receipt for any Hotel Expense	_____

**Please Sign:** I document that the following financial information is true and accurate.

\_\_\_\_\_  
Name \_\_\_\_\_  
Date

**Institute Attendance: MUST be complete to receive reimbursement.**

Institute Name: \_\_\_\_\_

Institute City: \_\_\_\_\_ Dates: \_\_\_\_\_

Subject Attended: \_\_\_\_\_ Number of Institute Days: \_\_\_\_\_

**Enter Eligible Totals From Page 2:**

Total Eligible Stipend Request: \_\_\_\_\_

Total Eligible Travel Reimbursement Request: \$ \_\_\_\_\_

Total Eligible Funds Request: \$ \_\_\_\_\_

**Funds Request Guidelines and Information:**

Only reasonable and necessary travel expenses will be reimbursed, subject to funds availability up to the maximum amounts. **Only requests submitted within 30 days following the Institute will be paid.**

Stipends are considered taxable income. An IRS W-9 Form must accompany this request.

Please refer to our instructional information for guidance on how to complete **both pages** of your submission form, eligible expenses, and more. You can find this form attached to this request form or on our website at [www.collegeboard.com/floridapartnership](http://www.collegeboard.com/floridapartnership).

**Maximum Stipend & Travel Allowances:**

Stipends are based on \$50.00 per institute day, no partial stipends will be paid. Travel expense reimbursements for actual expenses are based on \$100.00 per institute day, no partial payments will be made.

3 Day Institute Total Maximum: \$450.00 (Travel + Stipend)  
 4 Day Institute Total Maximum: \$600.00 (Travel + Stipend)  
 5 Day Institute Total Maximum: \$750.00 (Travel + Stipend)

**FOR COLLEGE BOARD USE ONLY**

Invoice Number: \_\_\_\_\_

Voucher Number: \_\_\_\_\_ Date: \_\_\_\_\_

Total Invoice Amount: \_\_\_\_\_ Sign-off: \_\_\_\_\_

3050760709026	24050	24051	_____
	24052	19007	_____

Financial Comments: \_\_\_\_\_

**Where To Send Reimbursement Request:**

The College Board Florida Partnership  
 1545 Raymond Diehl Road, Suite 250  
 Tallahassee, FL 32308  
 Phone: 850-521-4900  
 Fax: 850-521-4921

*Any requests received after 30 days following the conclusion of the Institute will NOT be processed or reimbursed.*

**Stipend Request**

All funds are subject to availability provided by the state of Florida. Stipends are for full institute attendance and are based on \$50 per institute day. No partial stipends will be provided. Stipends are considered taxable income, and an IRS W-9 Form must accompany this request. Request must be received within 30 days following the conclusion of your institute. **You must complete the following to receive your stipend**

Name (Please print): \_\_\_\_\_

Number of Institute Days: \_\_\_\_\_

Total Stipend Request (# of institute days X \$50/per day): \$ \_\_\_\_\_

Did you attach a copy of your certificate of attendance and your signed, completed IRS W-9 Form? \_\_\_\_\_

**Travel Reimbursement Mileage Request: Mileage verification MUST be attached.**

**Special Note on Mileage Verification:** You must attach a computer map program printout to this request to verify your round trip mileage from your residence to the Institute. Mileage does not apply to rental car.

Round Trip Mileage from HOME to INSTITUTE ONLY: \_\_\_\_\_

Number of Round Trips Made: \_\_\_\_\_

Total Mileage (from home to institute only): \_\_\_\_\_

Mileage Reimbursement @ .445 per mile X Total Mileage: \$ \_\_\_\_\_

Only the driver of the vehicle is eligible for mileage reimbursement.

**Travel Reimbursement Other Transportation Expenses: All receipts MUST be attached.**

Transportation expense without a receipt will NOT be reimbursed.

Rental Car: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_ Gas (Rental Car Only): \$ \_\_\_\_\_

Airfare: \$ \_\_\_\_\_ Cab Fare: \$ \_\_\_\_\_

Tolls: \_\_\_\_\_

Total Other Transportation Expense: \$ \_\_\_\_\_

Remember to attach receipts for all above travel expenses.

**Breakfast and Dinner Meal Expense: If Eligible, Check Appropriate Boxes.**

If you are traveling round trip from your home address, you are NOT eligible for this expense. If you are staying away from your home address, are outside of the district in which you live or work, and not claiming daily round trip mileage, you are eligible for breakfast and dinner expense. Meals that are provided will NOT be reimbursed. Place a check mark or X in the appropriate boxes. No receipts are necessary.

	Breakfast @ \$6/Day	Dinner @ \$19/Day
Event Day 1	<input type="checkbox"/>	<input type="checkbox"/>
Event Day 2	<input type="checkbox"/>	<input type="checkbox"/>
Event Day 3	<input type="checkbox"/>	<input type="checkbox"/>
Event Day 4	<input type="checkbox"/>	<input type="checkbox"/>
Event Day 5	<input type="checkbox"/>	<input type="checkbox"/>

Total Breakfast and Dinner Expense if Eligible: \_\_\_\_\_

\$

**Travel Reimbursement Eligibility**

Did you travel **outside of the District** in which you **WORK** or **LIVE**?  
 If you attended an institute in the District in which you live or work, you are NOT eligible for any travel reimbursement.  
 If you attended an institute outside of the district in which you live or work, you are eligible for reimbursement of actual travel expenses up to the maximum allowances. Remember, this is not a per diem expense, it is for actual expenses and subject to funds availability by the State of Florida. No partial expenses will be paid, eligible reimbursements are for complete institute attendance.

**Hotel Expenses: Hotel folio must be attached.**

Hotel expenses without a **HOTEL FOLIO** will NOT be reimbursed. Internet hotel confirmations are NOT acceptable.

Room Rate: \$ \_\_\_\_\_ Tax: \$ \_\_\_\_\_ (per night)

# of Nights: \_\_\_\_\_ (may not exceed # of Institute days)

Total Hotel Room & Tax Only: \$ \_\_\_\_\_

Please check any that apply:

No Hotel Stay  District or Other Paid for Hotel Expense

Split Hotel Bill With (list below) Total Should Be 1/2 Room & Tax:  
 \_\_\_\_\_

Please list name of the person(s) you shared the hotel:  
 \_\_\_\_\_

**Lunch Meal Expenses: Check Appropriate Boxes.**

Meals that are provided at the institute will NOT be reimbursed. Place a check mark or X in the appropriate boxes.

Event Day 1	Lunch @ \$11/Day	<input type="checkbox"/>
Event Day 2		<input type="checkbox"/>
Event Day 3		<input type="checkbox"/>
Event Day 4		<input type="checkbox"/>
Event Day 5		<input type="checkbox"/>

Total Eligible Lunch Expense: \$ \_\_\_\_\_

**Total Reimbursement Expenses:**

Total up all eligible travel, meal, and hotel expenses:

Total Eligible Travel Expenses: \$ \_\_\_\_\_

Did you attach the necessary receipts and documentation? \_\_\_\_\_