



## Reimbursement Guidelines for Funded Attendees

Here are important excerpts from the ASWB Travel Policy. It is recommended that funded attendees familiarize themselves with the [complete travel policy](#).

- **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.
- **Reimbursement checks** take three to four weeks to be processed.
- **Airline or rail reservations** are to be arranged through Covington Travel at [team7@covtrav.com](mailto:team7@covtrav.com), [brendam@covtrav.com](mailto: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 \$20 for breakfast, \$20 for lunch, and \$50 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, Volunteer Engagement and Outreach Senior Manager, [mryder@aswb.org](mailto:mryder@aswb.org) or 800.225.6880, ext. 3013.

Submit reimbursements using the following form:

**Mail**

ASWB

Attn: Christine Breeden

17126 Mountain Run Vista Ct.

Culpeper, VA 22701

**Email**

[cbreeden@aswb.org](mailto:cbreeden@aswb.org)

**Fax**

540.829.0562



This is a fillable form in Acrobat Reader, which is available for [download](#) 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

Name _____		Address _____ <i>street address</i>		
Date _____	Phone _____	_____ <i>city</i> _____ <i>state</i> _____ <i>zip code</i>		
Event: _____		<i>The following expenses were incurred by me on behalf of ASWB</i> _____ <i>(signature)</i>		

TRANSPORTATION					HOTEL	OTHER EXPENSES			Description	TOTALS
Date	From	To	Mileage	Taxi Fare		Meals	Parking	Other		
<b>SUBTOTALS</b>			<i>mileage</i>							
									<b>TOTAL EXPENSES</b>	

Make sure to Check all subtotals and totals

**Form Must Be Submitted Within 30 Days After Completion of the Meeting For Reimbursement - Receipts or scanned receipts are required. Forms without receipts will not be reimbursed.**

Date	Check	Amount	Acct Charged	Approved by
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