



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, 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, director of volunteer engagement and outreach, mryder@aswb.org or 800.225.6880, ext. 3013.

Submit reimbursements using the following form:

Mail

ASWB

Attn: Reimbursements

17126 Mountain Run Vista Ct.

Culpeper, VA 22701

Email

payables@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		
SUBTOTALS			<i>mileage</i>							
									TOTAL EXPENSES	

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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