

# **AAPFCO TRAVEL REIMBURSEMENT POLICY**

All travel expenses must be projected and approved by the president and secretary. The president may consult with the Board in circumstances when it is necessary or advisable. Each request must show the benefit to the AAPFCO organization. If granted, the traveler will minimize expenses occurred.

When a committee member is requested by the Board, committee chair, or inviting organization to attend and represent the AAPFCO body, travel can be fully reimbursed if approved.

Committee chairs, investigators or Board members unable to travel to AAPFCO Midyear or Annual meetings can request approval for partial funding, not to exceed \$750.00.

Control officials should not request travel reimbursement from AAPFCO unless their agency will provide partial funds for their travel.

The request must be submitted to the president no later than 30 days prior to travel on the AAPFCO Travel Request Form.

The president or their designee must respond to the travel request within 7 days after receipt and send a copy to the person requesting approval. A copy of the document must be placed in the president's file for future reference.

## **Allowable Expenses**

Air fare should be the lowest cost available. A receipt is required.

Auto travel will be reimbursed at the current federal rate. The claim will show mileage between all points of travel and include total mileage claimed. Request to drive versus fly requires a cost comparison including total mileage of the trip versus lowest air fare *plus* mileage to and from airport *plus* airport parking. The mileage reimbursement cannot exceed the best available airfare and associated costs.

Cost for lodging will be reimbursed. A receipt is required.

Registration fees will be reimbursed as charged. A receipt is required.

Costs for ground transportation will be reimbursed from airport to hotel and return. Costs for ground transportation will also be reimbursed to and from hotel to place of business. Receipts are required.

Food will be reimbursed on actual cost, not to exceed the federal per diem rate. An itemized receipt is required.

Miscellaneous cost may be reimbursed if an itemized receipt and written justification for the cost incurred are submitted.

## **Travel Cancellation**

If an emergency occurs and travel must be canceled or changed, the president or secretary must be contacted as soon as possible. An emergency includes illness or death of the traveler or immediate family member. Any other reason for canceling travel must be submitted in writing to the president or secretary for their approval.

Any nonrefundable expenses incurred due to an approved cancelled travel event will be reviewed by the president or secretary and reimbursed at their discretion.

# AAPFCO TRAVEL REQUEST

Name: \_\_\_\_\_ AAPFCO Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of travel: \_\_\_\_\_ Traveling to: \_\_\_\_\_

Purpose of travel? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Estimated Expenses**

Transportation:

Air Fare: ..... \$ \_\_\_\_\_

Vehicle: \_\_\_\_\_ miles at \$ \_\_\_\_\_ per mile ..... \$ \_\_\_\_\_

Ground Transportation: (taxi, shuttle, etc)..... \$ \_\_\_\_\_

Parking: (airport, hotel, etc)..... \$ \_\_\_\_\_

Lodging: Cost/night \$ \_\_\_\_\_ at \_\_\_\_\_ nights ..... \$ \_\_\_\_\_

Meals: Cost/day\* \$ \_\_\_\_\_ at \_\_\_\_\_ days ..... \$ \_\_\_\_\_

\*Not per diem, actual cost of meals

Registration fees ..... \$ \_\_\_\_\_

Miscellaneous (provide description and cost)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES** \$ \_\_\_\_\_

Advancement Requested ( ) Yes ( ) No \$ \_\_\_\_\_

Signature of requester \_\_\_\_\_ Date: \_\_\_\_\_

## **Recommendation/Approval**

AAPFCO President \_\_\_\_\_ Date: \_\_\_\_\_

AAPFCO Secretary \_\_\_\_\_ Date: \_\_\_\_\_