



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.kiwanis@gmail.com

Melanie Winterheimer

Executive Director

PO Box 290489

Port Orange, FL 32129

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_