



2021 SPEAKER TRAVEL REIMBURSEMENT

SUBMIT WITHIN TWO WEEKS OF COURSE PRESENTATION

Name: _____ Course #: _____

Florida Bar #: _____ Travel Dates: _____

Course Title: _____ City: _____

TRANSPORTATION:

* Air: _____ airlines (coach, 21-day advance purchase) \$ _____

Personal Car: _____ miles at .56¢ per mile \$ _____

* Car Rental: _____ company (# of days _____) \$ _____

Both the rental car agreement and the rental car receipt are required.

FOOD EXPENSES: Actual expenses, not to exceed \$60 per travel day
Any AMOUNT \$25.00 AND OVER requires a receipt.

| Record actual amount per meal: | DAY 1 | DAY 2 | DAY 3 |
|--------------------------------|----------|----------|----------|
| Breakfast (example \$14 / day) | \$ _____ | \$ _____ | \$ _____ |
| Lunch (example \$16 / day) | \$ _____ | \$ _____ | \$ _____ |
| Dinner (example \$30 / day) | \$ _____ | \$ _____ | \$ _____ |
| | | | \$ _____ |

OTHER EXPENSES: Any AMOUNT \$25.00 AND OVER requires a receipt.

** Hotel (Room and tax only, at lowest rate available) \$ _____

Taxi \$ _____

Tolls \$ _____

Parking \$ _____

Itemize: _____ for a total of \$ _____

_____ for a total of \$ _____

_____ for a total of \$ _____

TOTAL AMOUNT DUE SPEAKER: \$ _____

Payment Method:

* Receipts Required

**Actual Hotel Bill, Not Charge Slip

Credit Card _____

(Name)

ACH/Direct Deposit (one time account setup) _____

(Address)

Check _____

(City/State/Zip)

Professional Development Department
ATTN: _____
The Florida Bar
651 East Jefferson Street
Tallahassee, Florida 32399-2300

FOR OFFICE USE ONLY

Course #: _____

Approval: _____

Date: _____

CLE EXPENSE REIMBURSEMENT POLICIES

Requests for reimbursement must be submitted within 2 weeks of your presentation.

We appreciate your agreeing to volunteer on behalf of The Florida Bar. We understand this requires a substantial expenditure of time on your part for which there is no payment. We can, however, reimburse you for your actual expenses directly related to the course presentations, one steering committee meeting and one speakers' workshop if held.

The following are CLE Committee policies governing the reimbursement of travel expenses. If you have any questions as to whether an expense is reimbursable, please contact your staff liaison, in advance, to avoid any misunderstandings.

A. Transportation

Air Fare - We will reimburse up to the cost of a 21-day advance purchase. Please make your reservations early to obtain the lowest rate. Submit the original airline ticket (or copy of ticket) with your reimbursement request. First class air fare will not be reimbursed.

Mileage - Automobile mileage will be reimbursed at the maximum rate per mile allowed by the IRS.

Ground Transportation - The cost of ground transportation (taxicabs, airport shuttles) will be reimbursed. Please share transportation with other faculty members when possible.

Rental Cars – ***A Receipt is Required (and a copy of the rental car agreement).***

The one day cost of a rental car, if necessary or if more economical than cab fare, will be reimbursed. If special circumstances warrant a rental car, prior approval of the staff liaison is needed. In addition, parking fees, tolls, etc., will also be reimbursed. Include originals or copies of your invoices and receipts with reimbursement request. ***The full rental car cost may not be reimbursed without the required rental car agreement and the rental car receipt (or copy).***

B. Meals

Meals will be reimbursed on an actual expenditure basis for up to \$60 per day (24-hours) per speaker. If more than one speaker is included on a meal charge, please list all the names and provide a receipt. A receipt is required for any expense exceeding \$25.

C. Lodging - Receipt Required (or copy)

Lodging will be reimbursed for no more than the lowest rate (single/regular) room plus applicable taxes at the host hotel, and will be paid for no more than one night. If special circumstances warrant additional nights, prior approval of the staff liaison is needed. Lodging expenses will not be reimbursed for lecturers speaking in the general vicinity of their home. Please include a copy of the hotel bill with your reimbursement request.

D. Family Members

We cannot reimburse expenses of your spouse, children or other family members should you choose to have them accompany you to the course.

E. Long Distance Telephone Charges

Long distance telephone charges directly attributable to the course are reimbursable.

F. Printed Materials

We endeavor to have ***complete electronic course material two weeks in advance*** of each seminar presentation. Therefore, we discourage the practice of "handouts" at the seminar locations. If you cannot avoid this, you will be responsible for your printing expenses.

Any speaker expenses exceeding the amounts set forth above may be reimbursed from the co-sponsoring section's/division's funds, upon approval of that section or division.



The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
www.FLORIDABAR.org

The Florida Bar Electronic Payment Initiative

Dear Valued Vendor:

The Florida Bar (TFB) is in the process of switching current vendors and customers from check to either corporate credit card or electronic payment options. As part of this transition, we ask that your organization accept future invoice payments via credit card (if applicable) or electronically, rather than by check.

Please check here to receive payments via credit card. Return this form with the response to finance@floridabar.org.

There are two electronic payment options:

- 1) Single-Use Virtual Mastercard
- 2) ACH (Direct Deposit)

This change will simplify your processes, provide you with faster invoice payment, and improved cash flow. The major difference between the electronic payment types and standard check/corporate credit card reimbursement is that the Single-Use Virtual Mastercard and ACH options will result in faster payment reimbursement. There are no fees associated with electronic payments.

Electronic Option 1- Single-Use Virtual Mastercard

1. Determine if you are able to accept credit card transactions and an email address/contact to receive payment information.
2. Send an email containing the requested information above to finance@floridabar.org. A reply will be sent confirming receipt.
3. For each payment, you will receive a unique single-use account number, the payment amount, and remittance advice related to your payment. You will use this information to process the payment following your normal credit card process.

THE FLORIDA BAR

Electronic Option 2- ACH (Direct Deposit)

1. Determine that you have an email address/contact to receive payment information.
2. Complete and sign the included Authorization Agreement, providing a canceled check; voided check or bank letter.
3. Return the executed agreement to finance@floridabar.org. A reply will be sent confirming receipt.
4. For each payment, you will receive remittance advice at the email address provided.

Additional items to consider before choosing a payment option:

- Choose Electronic Option 2, if you do not have the ability to receive payments via credit card
- Choose Electronic Option 2, if there is a reason (dollar value, multiple locations processing payments, etc) why any payment cannot be processed via credit card.
- Only one payment option may be selected.

We appreciate your cooperation in this change, which will be advantageous for everyone.

Questions? If you have any questions about the new process, please contact us at finance@floridabar.org. Our accounting team will be glad to assist you.

Sincerely,

Misty L. Dilmore, Controller



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AUTHORIZATION AGREEMENT FOR PREAUTHORIZED TRANSACTIONS

Name: _____

I (we) authorize **The Florida Bar** herein after called **COMPANY**, to initiate deposits to my (our) account indicated below in accordance with the selected invoice frequency.

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Account Number: _____

Routing Number (Transit/ABA Number): _____

Select One: _____ Checking _____ Savings

I (we) acknowledge that the origination of ACH transactions to or from my (our) account must comply with the U.S. law. I also acknowledge and authorize **COMPANY** to initiate corrective debit or credit entries as necessary. This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** a reasonable opportunity to act on it.

Signature: _____ Date: _____

Attach a voided or canceled check below.