

TRAVEL – North Central Florida CHW Regional Training Meeting

GENERAL INFORMATION

Participants whose travel expenses can be covered by their employer / organization are **strongly encouraged** to seek that source to attend this regional training. Those who need their travel supported must complete an application form and receive approval before their travel support is considered final.

TRAVEL POLICY

AUTOMOBILE MILEAGE

- a. Eligible participants may be provided up to \$30 for mileage reimbursement at the state rate of 0.445 cents per mile roundtrip.
- b. Stipends will be allocated to the first 25 participants to apply, and only to those that are traveling 50 miles or more roundtrip.
- c. If two or more members share a ride, only the driver will be reimbursed.
- d. Supporting documentation such as Google Maps to indicate the mileage **MUST** be submitted for reimbursement, in addition to the application form that is attached.

APPLICATION PROCEDURES

APPLICATION PROCESS - In order for applications to be processed in a timely manner, the following information must be submitted to Lauren Vagelakos at WellFlorida Council on or before Wednesday, July 15, 2015 at 5:00pm. If this deadline is not met, your application will not be valid. Please remember the support is provided to the first 25 participants who apply.

- a. Items required for Application
 - i. Completed Application Form (if handwritten, please print legibly)
 - ii. Supporting documentation (Google Maps, etc.)
 - iii. Email **MUST** be titled: "Travel Reimbursement Application – [Your Name]"

DEADLINE FOR APPLICATIONS: Wednesday, July 15, 2015 by 5:00pm

Please send the Application Form
and materials to Lauren Vagelakos
by email listed below.

Email **MUST** be titled: "Travel
Reimbursement Application –
[Your Name]"

Email: lvagelakos@wellflorida.org

North Central Florida CHW Regional Training Mileage Stipend

Application Form

(If handwritten, please print legibly)

___ I affirm that I sought reimbursement from my employer/organization, but it was declined.

Name (First, Last): _____

Company: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____ Email: _____

Phone: _____

Travel Distance to Conference (Roundtrip in Miles): _____

*Please provide Google Maps to show mileage with a starting address and ending address.

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Email: lvagelakos@wellflorida.org

Questions? Call Lauren Vagelakos (352) 313-6500 ext. 115