

REIMBURSEMENT FORM

DEADLINE: August 11, 2017 (NO reimbursement will be accepted after the due date)

FEF MCKNIGHT DOCTORAL FELLOWSHIP PROGRAM 2017 Summer Research & Writing Institute July 23-26, 2017

PLEASE **PRINT** CLEARLY

Name _____ University _____

Address _____

City _____ State _____ Zip Code _____

(Please circle one): Cell Home Work

Phone Number (____) _____ Email _____

Affiliation:

McKnight Fellow (Matriculating Fellows ONLY)

Speaker

Other _____

ORIGINAL receipts must be attached and mailed to the FEF office. **NO copies, emails or faxes.**

Airline Ticket \$ _____

Automobile Rental \$ _____

Personal Car Mileage: **Please attach proof of mileage.**

Miles _____ x .445 \$ _____

Parking/Tolls \$ _____

Hotel \$ _____

Other _____ \$ _____

Total Due to Traveler: \$ _____

Traveler's Signature Date

Reviewer's Signature Date

Approval Signature Date

Mailing Address:

Florida Education Fund
201 E. Kennedy Blvd. Suite 1525
Tampa, FL 33602