

2024 Expense Reimbursement Request

**LODGING:** Hotel for 3 nights, up to 3 rooms for 1 Faculty Coach and 2 Student Competitors in the partnering hotels. Universities are reimbursed for either 3 rooms (if student competitors are of different genders and/or sex) OR 2 rooms (if student competitors are the same gender and/or sex). Lodging reimbursement offered to all universities that attend NSSC. Detailed hotel receipt is required.

**TRANSPORTATION:** Airfare for 1 Faculty Coach and 2 Student Competitors (economy round-trip at lowest airfare). Ground mileage is $0.67 per mile for personal vehicles. Documentation of mileage and route traveled is required. Your mileage reported MUST match the route YOU provide. Max of $1500 reimbursement per university for total travel expenses (air and/or ground). If total expenses are less than $1500 then that lesser amount will be reimbursed. Full airline itinerary is required. All receipts must show payment and purchasing transaction

**NOTE:** Only **one** reimbursement form per university. (If your students have paid on their own, they should seek reimbursement from your university/sales center. NSSC will do a combined reimbursement to the sales center.)

The W-9 will need to match the person/university that we are reimbursing, including the address.

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Phone |  |
| College or University |  |
| W-9 Address |  |
| Check Payable to (MUST match name on W-9) |  |
| Check Mailing Address |  |

**HOTEL/LODGING EXPENSES:**

Are Role Play student competitors of the same sex/gender**? (✓ one) Yes 🞎 (🡪 Eligible for Max 2 rooms X 3 Nights)**

 **No 🞎** **(🡪 Eligible for Max 3 rooms X 3 Nights)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Description** | **Amount** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  | 1. **Total Hotel Lodging Expenses =**
 |  |

**TRAVEL EXPENSES (Air/Rental Car/Mileage, etc):**

|  |  |  |
| --- | --- | --- |
| Date | Description | Amount |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  | 1. **Total Travel Expenses =**
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If B > $1500 🡪 Total Travel Expenses Reimbursed = $1500 ------------------------🡪**Write amount in row C**

If B < $1500 🡪 Total Travel Expenses Reimbursed = B (Actual Cost) --------------🡪**Write amount in row C**

|  |  |  |
| --- | --- | --- |
|  | 1. **Total Travel Reimbursement Requested =**
 |  |

|  |  |  |
| --- | --- | --- |
|  |  **Grand Total Reimbursement Requested = A + C =**  |  |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*REIMBURSEMENTS MUST BE RECEIVED BY **(May 6, 2024)** OTHERWISE, A 50% PENALTY WILL BE APPLIED.

\*\*Reimbursement will not be made for any extras, including airline preferred seating fees, personal flight costs (ex/ drinks on plane), GPS, Collision Damage Waiver (CDW) or Loss Damage Waiver (LDW) car rental insurance coverage\*\*

**CHECKLIST (Please ✓):**

1. 🞎 Is w-9 attached and complete?
2. 🞎 Are all receipts attached? (hotel/air receipt must show payment made)
3. 🞎 Is reimbursement form signed and dated?
4. 🞎 W9 Address and Name match the name of the entity for whom the check is made out to
5. 🞎 Only one reimbursement form is being submitted for the university.