

NACADA Reimbursement Form for **BEST of REGION** Conference Presentation

Region _____ Account _____

Name of person to whom scholarship or award was presented _____

Name and Year of Scholarship or Award _____

Total Amount of scholarship or award: \$ _____

Name of Region Chair _____

1. If there is ONE presenter, \$500 total award. The Annual Conference fee (\$310 in 2009 and which may change from year to year) will be applied at the Executive Office. The remainder may be used for hotel/airfare or meal expenses. The presenter MUST turn in receipts to EO for reimbursement.
 2. If there are TWO presenters, \$700 total award (or 2 x the member fee for the Annual Conference). The annual conference fee for each will be applied at the Executive Office. No travel funds.
 3. If there are THREE or more presenters, \$700 total award and you will need to instruct the Executive Office how you want this applied to each person. This can be used for conference fee or travel expenses.
1. Presenters are responsible for their membership fees if they are not already members for the current year (through the Annual Conference).
 2. Presenters must register for the Annual Conference. Before the early discount date, submit the completed **Annual Conference REGISTRATION FORM** to NACADA. Please write: *Best of Region # _____ Comp, across the top of the form. You must pay for any preconference workshops, etc.*

Any remaining dollars can be reimbursed after the event with the submission of this form with **original receipts attached**.

- **Airline, taxi, shuttle** (with receipts) \$ _____
- **Mileage** reimbursed at the current NACADA rate. As of 1/1/09 = \$.055 per mile
 - From _____ to _____ miles x _____ = \$ _____
- **Hotel** \$ _____
- **Meals:** Up to \$40 per day (with receipts) \$ _____

Please **be specific** about reimbursement check – if we need to divide it between you and your institution, please specify these charges on this form. Payments should be made to the institution or person who incurred the expense.

Reimbursement Check to be made out to: _____

Mail reimbursement to: _____

Mail this form and attached receipts to NACADA, Attn: Diane Matteson, 2323 Anderson Ave, Ste 225, Manhattan, KS 66502-2912 If you **fax** this form and copies of the receipts to us at 785-532-7732, you will still need to send the originals by mail. Our telephone number is 785-532-5717. Our fax number is 785-532-7732.