



SOUTHEAST FELLOWS INSTITUTE
AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL
90115th Street NW, Suite 525
Washington, DC 20005
(202) 684-8460 Fax: (202) 684-8459

POLICY FOR REIMBURSEMENT OF EXPENSES BY SPEAKERS



Policies, policies, everywhere.
While we'd prefer the laissez faire,
experience teaches us that direction
will eliminate the need for correction.

For your participation in SEFI,
we offer gratitude, and now codify
how you get paid back for meals,
lodging, travel, using our good deals.

First, there is a form, required by the College.
No departures, not even for those with inside knowledge.
Second, as to transportation, IRS rate for mileage or fly coach.
Third, use the group rate at the SEFI hotel, stay above reproach!
Fourth, dine with SEFI on Thursday night
And for lunch be with us to take a bite.

Common sense, not just by Thomas Paine
Also for speakers - use your brain!
You are among the best!
Don't submit an embarrassing request.



THE SOUTHEAST FELLOWS INSTITUTE
THE AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL
901 15th Street NW, Suite 525
Washington, DC 20005
Phone: (202) 684-8460 Fax: (202) 684-8459

REQUEST FOR REIMBURSEMENT OF EXPENSES

PLEASE TYPE OR PRINT

Purpose: _____

Dates: _____

Air Transportation (Attach Receipts): \$ _____

To and From Terminals (Taxi, Uber, etc.): _____

Automobile (Attach map printout showing mileage and parking or toll receipts):

Mileage: _____ @ _____ per mile Parking: _____ Tolls: _____

Lodging and Meals (Attach Receipts): _____

Other Miscellaneous Expenses (Include description below):

Less reimbursements received from other sources: _____

Total Reimbursement Requested: \$ _____

RECEIPTS ARE REQUIRED FOR AIR TRAVEL, HOTELS AND FOR ANY OTHER INDIVIDUAL EXPENDITURES THAT EXCEED \$25.00. GOOGLE OR BING MAPS PRINTOUTS ARE REQUIRED TO SUPPORT MILEAGE REIMBURSEMENTS REQUESTS.

Make Check Payable to: _____
(Individual, Firm or Company)

Print Name: _____ Signature: _____

Payment Address: _____
(Street Address or P.O. Box)

(City, State and Zip Code)

Phone: _____ Email: _____

PLEASE EMAIL COMPLETED REQUEST FORMS ALONG WITH RECEIPTS:
SOUTHEASTFELLOWSINSTITUTE1@BILL.COM

A REQUEST FOR REIMBURSEMENT MUST BE RECEIVED ON A SOUTHEAST FELLOWS INSTITUTE REIMBURSEMENT FORM WITHIN THREE MONTHS AFTER THE EXPENSE WAS INCURRED. OTHERWISE, THE REQUEST WILL BE DENIED. PAYMENT TERMS ARE NET 30 UNLESS OTHERWISE SPECIFIED.