



## 2022 Expense Report Form

Updated July 1, 2022

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### Eligibility

- Persons with HIV who are members of the Partnership, its committees, subcommittees, and workgroups are eligible to be reimbursed for expenses related to their participation.

### Allowable Expenses

- Mileage**
  - Mileage is calculated by Staff as the shortest door-to-door distance using Google Maps.
  - Mileage rate is based on the IRS rate for use of privately owned vehicles.
  - Mileage reimbursement is for:
    - A member driving his or her automobile to and/or from Partnership, committee, subcommittee, and workgroup meetings; or
    - A member driving his or her automobile to and/or from approved events at which the member is acting as a designated Partnership representative.
- Rideshare (Uber, Lyft), or taxi**
  - Rideshare reimbursement is calculated by Staff as the shortest door-to-door distance *in miles* using Google Maps, *not cost of service*.
  - Mileage rate is based on the IRS rate for use of privately owned vehicles.
  - Ride-share expenses must be documented by receipt.
- Parking**
  - Miami-Dade County Main Library, 101 West Flagler St., Miami, FL 33130:
    - Garage parking at the Cultural Center will be validated after each meeting.
    - Street or other garage parking will not be reimbursed unless the Cultural Center garage is full.
  - Parking at approved events at which the member is acting as a designated Partnership representative.
- Bus, rail, or shuttle expenses, as documented by receipt.
- Toll charges, as documented by SunPass receipt.

### Expenses Requiring Prior Written Approval

Please contact Staff for details on eligibility for reimbursement of these expenses.

- Printing expenses.
- Childcare or babysitting fees.
- Out-of-town conference attendance (registration fees, meals, travel, lodging) for a member approved as an official Partnership representatives.

### Obtaining Reimbursement

- Complete and return the Expense Report Form on the back. Please note:
  - Forms must be submitted no more than four (4) months after the expense was incurred.
  - Allow fifteen (15) business days for processing.
  - Checks will be mailed to the address listed on the Expense Report Form.
  - Checks that have not been cashed within six (6) months of being issued will be voided. After 6 months, Staff is not required to replace uncashed, misplaced, or lost checks.

For more information or assistance, contact Staff at [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com) or (305) 445-1076.

Name	
Address	
Phone	Email
<i>Mailing Address (if different from above)</i>	

See reverse for details on eligibility and allowable expenses. For more information or assistance completing this form, email Staff at <a href="mailto:hiv-aidsinfo@behavioralscience.com">hiv-aidsinfo@behavioralscience.com</a> or call (305) 445-1076.		<b>Mileage*</b>			<b>Other Expenses - Receipts Required</b>					
		* Mileage is calculated by Staff as the shortest door-to-door distance using Google Maps based on the IRS rate for use of privately owned vehicles.			**Rideshare reimbursement is calculated by Staff as the shortest door-to-door distance in miles using Google Maps, <b>not cost of service.</b>					
Date	Meeting, Event, or Other Expense	# of Miles	Rate	Total \$	Rideshare or Taxi**	Tolls	Bus or Shuttle	Parking	Other	Subtotal
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
			\$0.625	\$ -						\$ -
<b>Subtotals</b>				\$ -	-	-	-	-	-	\$ -

Send completed Expense Reports with receipt(s) to Behavioral Science Research, Attn. Partnership, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134; by email to [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com); or by fax to (305) 448-3325. Reimbursement for expenses without receipt(s) may be delayed or denied.

**SIGNATURE REQUIRED** I hereby certify that the reimbursement requested above is a true and correct statement of expenses incurred in the conduct of Miami-Dade HIV/AIDS Partnership business.

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

<b>Subtotal</b>	\$ -
<i>Less cash advance</i>	
<b>Grand Total</b>	\$ -

**For office use:**  
 AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_