The AIDS Institute
Travel Policy

The AIDS Institute (TAI) is responsible for travel reimbursement for non-Department of Health members. Members are responsible for completing the “Request for Travel Authorization” prior to traveling on meeting-related business. The same form is used for travel advance requests. TAI reserves the right to review and determine appropriateness of travel and reimbursement requests based upon the travel guidelines and current travel restrictions placed on the State of Florida, Florida Department of Health, and HIV/AIDS Section. **ORIGINAL DATED RECEIPTS ARE REQUIRED FOR ALL REIMBURSEMENT REQUESTS.**

**TAI will reimburse the following member expenses related to official meeting business:**

1. **AIR FARE**
   Air Fare will be reimbursed based on the lowest possible coach fare with at least a two-week advance purchase and prior written approval from The AIDS Institute Staff. Complimentary transportation is available to and from the meeting hotel at most major airports. Individuals who live less than a 300 mile one-way radius from meeting location are not eligible for airfare reimbursement.

2. **HOTEL**
   TAI will reimburse the contracted hotel rate for a single room for pre-approved travel at the contracted hotel for a meeting. TAI may pay hotel room costs directly at its discretion. TAI is a tax-exempt non-profit organization, and therefore, does not pay room taxes. If a member chooses to stay at a different hotel than the contracted hotel, the member is responsible for the room tax and any difference in the price of the room from the contracted hotel rate. Individuals who live less than a 50 mile one-way radius from hotel property are not eligible for reimbursement.

3. **PERSONAL CAR**
   Mileage for use of a personal car for meeting-related activity will be reimbursed at the rate of $0.445 cents per mile. TAI will reimburse personal car mileage from point “A” (e.g. home address) to point “B” (e.g. meeting location). This will be verified using the DOH approved mileage charting and /or Map Quest. Any mileage over that amount will require written justification and is subject to approval by TAI.

4. **MEAL**
   The following meal rates apply: Breakfast = $6.00; Lunch = $11.00; and Dinner = $19.00. The maximum meal allowance is based on approved travel itinerary. This must be reported with travel reimbursement request.

5. **PARKING**
   Only TAI meeting-related parking costs will be reimbursed and must be accompanied by an original dated receipt.

6. **TAXI / AIRPORT SHUTTLE**
   Only TAI approved meeting-related ground transportation costs will be reimbursed. Complimentary transportation is available to and from the meeting hotel at most major airports.

7. **CAR RENTAL**
   All Car rentals require prior written approval and will be reimbursed on a case-by-case basis up to a mid-size car at reasonable rates. The car rental receipt must reflect the member’s name that is seeking reimbursement. In addition, TAI will reimburse for gasoline with original dated receipts. Mileage is **not** reimbursed with car rentals.

8. **OTHER RELATED EXPENSES**
   Members who incur additional expenses must provide original receipts and written explanation as to why they have additional meeting related expenses and are subject to review prior to approval for payment.

Any questions regarding travel should be addressed to The AIDS Institute’s Program Coordinator, Kim Molnar, at (813) 258-5929.

Rev. 9/16
The Florida HIV/AIDS Comprehensive Planning Network (FCPN) of which is comprised of the Patient Care and Prevention Planning Group (PCPPG) recognizes the importance of full member involvement, particularly from the HIV infected and affected communities, of the FCPN. To that end, the FCPN is committed to removing barriers that may prohibit an individual from full and equal participation in the HIV/AIDS planning process. The following stipend reimbursement policy has been developed to ensure participation without creating a financial hardship.

In addition to pre-approved travel expenses, eligible members can receive a stipend of up to $50 per day based on confirmation of successful FCPN meeting attendance and the following criteria.

To be considered eligible for a stipend a member must be in good standing, in accordance with the PCPPG bylaws and job descriptions.

<table>
<thead>
<tr>
<th>Eligibility Criteria &amp; Documentation Requirements</th>
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<tbody>
<tr>
<td>1. HIV+ members* whose agency/employer does NOT support meeting attendance and the result of attendance is financial loss</td>
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<tr>
<td>a. Proof of HIV status along with detailed description of financial hardship and letter from agency/employer stating lack of support for meeting attendance</td>
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<tr>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>2. HIV+ members* who are unemployed</td>
</tr>
<tr>
<td>a. Proof of HIV status along with proof of unemployment status</td>
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In addition to the above criteria, the following apply:
- Stipends are prorated and paid by the day (not by the number of meetings) for any meeting attended by a member to conduct FCPN-related business**
- There will be no stipends for conference calls
- Members are required to report any changes in income status that would impact stipend eligibility

*Approved alternates attending an FCPN meeting in place of the member may request for a stipend in accordance with this policy.

**This policy applies to FCPN-specific business and does not apply to any local Prevention Planning Partnership or Planning Consortia activities.

Rev. 9/17
The AIDS Institute
Application for Stipend

Please complete the following application and submit to the address or fax number below at least two weeks prior to traveling for FCPN-specific business:

The AIDS Institute
ATTN: Program Coordinator
17 Davis Blvd., Suite 403
Tampa, FL 33606
Fax: (813) 258-5939

Name: ________________________________ Social Security #: ________________________________

Please circle one: Representative Alternate Area: ________________________________

Address: ________________________________

City: __________________ State: ______ Zip Code: __________________

Phone (daytime): __________________ Phone (evening): __________________

Dates: ________________________________ Number of Days Requesting Stipend: ______

Purpose of Attendance (include location): ____________________________________________

Eligibility: Please detail applicable eligibility criteria as listed in the “Florida HIV/AIDS Comprehensive Planning Network Stipend Policy” and provide back-up documentation, as appropriate:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I hereby certify that the information provided above is directly related to FCPN-specific business and that this claim is true and correct in every material matter.

Applicant’s Signature: ___________________________ Date: ___________________________

Rev. 9/16