



FFCCHA Annual Conference Reimbursement Request Form

Please note: In order for a participant to receive REGISTRATION and HOTEL **reimbursements** for the 2024 FFCCHA Annual Conference, they must be employed at a family child care home in Duval County which is currently serving either School Readiness or VPK children. Since there is a specified amount designated for reimbursements, the reimbursements will be processed on a "first come, first serve" basis.

Instructions for Receiving Registration Reimbursement:

- Fill out Section I (below) of this Reimbursement Request Form completely.
- Fill out W-9 Form completely (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Include a copy of a certificate(s) of attendance to the workshop(s) **and** a copy of receipts showing proof of payment. The following fees are allowable for members and non-members: **full conference fee (3 days: Friday, Saturday and Sunday) - \$219/members, \$254/non-members; 1 day Friday only fee - \$169/members, \$204/non-members; 1 day Saturday only fee - \$139/members, \$174 non-members; 2 day Saturday and Sunday only fee - \$169/members, \$204 non-members; Hostess/Volunteer Registration Fee - \$50 (for FFCCHA members only)**
- Reimbursement for hotel accommodations **cannot exceed \$175 a night** and does not include tax and/or gratuity. A copy of the receipts are required.
- All requests for reimbursement must be received by **5:00 PM** on or before **July 26, 2024** and **must be accompanied with supporting documents**. Failure to follow this procedure will result in disallowance of the request.

You have 3 options to submit the required documents. You can fax them to Colleen Isgette at 904-224-5133, OR email them to cisgette@elcduval.org OR you can mail the required documents to:

Early Learning Coalition of Duval
ATTN: Colleen Isgette
6500 Bowden Rd, Suite 290
Jacksonville, FL 32216

Section I: Please print.

Name of Participant	Participant Phone Number
Mailing Address (Please include zip code)	Name of family child care home where you are employed
Total Amount of Reimbursement Request \$ _____	Is your center currently serving _____ School Readiness Children _____ VPK Children _____ Both

REMEMBER TO ATTACH REQUIRED DOCUMENTS!

Participant Signature _____

Date _____