



## Reimbursement Policy for Lozier Scholarship Expenses

In order to receive any type of reimbursement, the participant or his/her representative must submit a payment request including receipts.

Reimbursement claims must be submitted no later than close of business on **June 16, 2024**, for approval by the NHCHC Accounts Payable Dept. as allowed by the budget.

Receipt(s) must be included when submitting a payment request for reimbursement(s) as well as a completed W-9. The W-9 requires an individual to provide his/her social security number or requires an organization to provide its EIN.

When requesting reimbursement expenses related to the John Lozier Scholarship, please complete the payment/expense reimbursement form, attach supporting documentation including detailed receipts, and submit these to his/her immediate supervisor for approval. The immediate supervisor is responsible for forwarding the approved reimbursement to the Council for processing payment(s) via email to: [accounts.payable@nhchc.org](mailto:accounts.payable@nhchc.org). Requests will be processed in a timely manner.

When choosing to use a personal vehicle, the Council will reimburse at the Federal government's prevailing rate per mile or at an average cost for airfare (whichever is cheaper). The automobile mileage allowance assumes coverage of all transportation and operating costs including gas, oil, towing charges, repairs, auto insurance and damages. Tolls and parking may be reimbursed in addition to the mileage allowance.

A payment request must be completed when requesting reimbursement for travel including any request(s) for mileage reimbursement. Reimbursement for mileage will be based on actual mileage when the individual uses his/her personal automobile.

No reimbursement will be made until the proper form documenting the business purpose of the expense, including all receipts for expenses, have been accurately completed and submitted with all required signatures.



## REIMBURSEMENT AGREEMENT FY2024 JOHN N. LOZIER SCHOLARSHIP

As part of this Application for the John N. Lozier Scholarship for New Members for the 2024 National Health Care for the Homeless Conference and Symposium, I agree to the following:

### Member Organization Representative:

1. With the acceptance of this Scholarship, I understand that the Council is providing a Scholarship in the amount of \$1,000.00, and this amount will first cover any registration fees to attend the FY2024 National Conference. Any remaining funds may be used to offset travel, hotel, or meal expenses as long as the reimbursement guidelines are followed.
2. I understand that I or my organization will arrange travel and hotel reservations and will be responsible for any and all expenses that exceed the \$1,000 Scholarship awarded.
3. I (or the appropriate employee at my organization) will file a reimbursement request including original receipts no later than **June 16, 2024**. I understand that any submissions after this date will not be reimbursed by the Council.
4. I have read and agree to the terms outlined in the Reimbursement Policy for Lozier Scholarship Expenses.
5. If, for any reason, the Recipient is not able to attend, the registration and any other funds made available from this Scholarship Award is not transferable and the funds remain under the control and discretion of the Council.

Scholarship Recipient Signature:

Please Print Name:

Date:

Scholarship Recipient Supervisor's Signature:

Please Print Name:

Date: