

## Heather Linn

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**From:** Amber Acevedo  
**Sent:** Wednesday, October 26, 2022 11:13 AM  
**To:** Heather Linn  
**Subject:** FW: 2022-23 FL-CLASS Program Acceptance

*Amber Archer Acevedo  
Deputy Superintendent  
Monroe County School District  
305-293-1400 ext. 53319 (office)  
305-360-2355 (cell)*

*"I follow three rules: Do the right thing, do the best you can, and always show people you care." —Lou Holtz*

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**From:** Stewart, Abbey <Abbey.Stewart@fldoe.org>  
**Sent:** Tuesday, October 4, 2022 9:36 AM  
**Cc:** McDaniel, Josey <Josey.McDaniel@fldoe.org>; Douglas, Lindsay <Lindsay.Douglas@fldoe.org>  
**Subject:** 2022-23 FL-CLASS Program Acceptance

Good morning,

Congratulations! On behalf of the Florida Department of Education (FDOE), I am pleased to share that you have been selected to participate in the 2022-23 Florida Collaborative Leadership for All Students' Success (FL-CLASS) Program.

During this school year, you will engage in a dynamic community of practice with other educational leaders who, like you, are committed to growing their leadership practice to foster more impactful learning outcomes for teachers and students.

We request that you make a full commitment to this experience. For planning purposes, the program timeline is included below; please note the finalized dates for the three in-person institutes. We understand the competing demands on your time, but we are confident that the focused professional learning of the FL-CLASS Program will expand your team's capacity and enhance your work. To that end, should circumstances require that you miss more than one institute or coaching session, you will be asked to reapply to the program in a subsequent year.

2022-23 Program Timeline		
Activity	Timing	Notes
Opening Institute	November 15-17, 2022	<ul style="list-style-type: none"><li>Conducted over two and half days in Orlando</li><li>Comprised of whole group sessions and role-specific pathways</li></ul>
Coaching Session 1	December 2022-February 2023	<ul style="list-style-type: none"><li>Conducted virtually in small groups</li><li>Coordinated between each group and their assigned leadership coach</li></ul>
Mid-Year Institute	March 28-30, 2023	<ul style="list-style-type: none"><li>Conducted over two and half days in Orlando</li></ul>

		<ul style="list-style-type: none"> <li>• Comprised of whole group sessions and role-specific pathways</li> </ul>
Coaching Session 2	April 2023	<ul style="list-style-type: none"> <li>• Conducted virtually in small groups</li> <li>• Coordinated between each group and their assigned leadership coach</li> </ul>
Coaching Session 3	May 2023	<ul style="list-style-type: none"> <li>• Conducted virtually in small groups</li> <li>• Coordinated between each group and their assigned leadership coach</li> </ul>
Closing Institute	May 31-June 2, 2023	<ul style="list-style-type: none"> <li>• Conducted over two and half days in Orlando</li> <li>• Comprised of whole group sessions and role-specific pathways</li> <li>• Includes a graduation reception and ceremony</li> </ul>

**Next Steps**

- Confirm your acceptance by emailing Mrs. Lindsay Douglas at [Lindsay.Douglas@fldoe.org](mailto:Lindsay.Douglas@fldoe.org) by **Monday, October 10, 2022**. **Please include a digital headshot.**
- Stay tuned for additional details (e.g., agenda, location, hotel room block link) regarding the opening institute to be held on November 15-17, 2022.

If you have any questions, please do not hesitate to contact Mrs. Douglas at [Lindsay.Douglas@fldoe.org](mailto:Lindsay.Douglas@fldoe.org) or by calling 850-245-9183. Thank you for your dedication to continual growth in the service of all Florida students!

Abbey L. Stewart  
 Bureau Chief, Educator Recruitment, Recognition, Development, Retention & Preparation  
 Division of Public Schools  
 325 West Gaines Street, Suite 124  
 Tallahassee, FL 32399  
 850-245-9608 Office



**Florida Department of Education**  
**TRAVEL REIMBURSEMENT GUIDELINES**

State law requires that travelers use the most cost-effective method of travel. **Travelers will not be reimbursed using a third party for travel (i.e., Hotels.com, Expedia, etc.).** Business travel expenses will be reimbursed using the following guidelines. Travelers must submit documentation to address below within 3 business days of conclusion of travel.

- Meals:** There is a set rate of \$6 for breakfast, \$11 for lunch, and \$19 for dinner. Receipts are not needed. No meals or per diem reimbursement will be provided for same day travel.
- Airfare:** **Airline cost must be pre-approved.** Air travel may only be considered if the destination is more than 250 miles (one-way). Only coach airfare will be reimbursed. Once approved, make reservations early for most economical fare. If airfare is over \$450 roundtrip, other transportation options must be explored. Car rental will not be reimbursed in addition to airfare unless approved in advance. **Submit written preapproval and itineraries including cost and boarding passes for reimbursement.**
- Car Rental:** The state contract carrier must be used (**\$25.00**). Reservations must be made in advance online at [avis.com](http://avis.com) at the Florida state rate. If you do not have a state work ID, please contact Nickardo Salmon to make the reservation for you. If there is no AVIS in your area, you may rent a Compact Car through Budget or Enterprise. If you are experiencing problems renting through AVIS please contact **Nickardo Salmon** (contact details below). Rental cars should be picked up and returned on the authorized travel dates (not the day before or **returned the day after**). If the Rental Car Agency is closed when returning vehicle, use 'after-hours drop-off method' by leaving key in lock-box or door slot. (Agency will email final receipt to traveler.) Prior approval is required if an upgrade is needed (larger than Compact/Class B). Vehicles must be returned with a full tank of gas. Rental surcharges (i.e., fuel service option) are not reimbursed. **Rental receipt and gas receipts must have the traveler's initials and submitted for reimbursement.**
- Personal Car:** Travelers may use their personal vehicles with the understanding that they will be reimbursed at the **lesser of the following two amounts**. A MapQuest/Google Maps printout with driving directions (**2-way**) is required, including vicinity travel (i.e., hotel to meeting, meeting to hotel). The rental car rate (currently **\$25.00/day**) plus the actual cost of fuel (**receipts for fuel purchased on authorized travel dates - not day before/day after**); **OR** Mileage at the state mileage rate of \$0.445/mile (only if expense is less than rental car rate).
- Fuel Receipts** **ALL TRAVELERS must provide fuel/gas receipts when using either a rental car OR personal car. Fuel receipts must be dated for the approved travel dates – not day before or day after.**
- Lodging:** Traveler must be traveling over 50 miles from origin to receive reimbursement, unless previous authorization is granted. Please request government rates for State of Florida business (not to exceed \$150 per night). The most economical hotel rate is required both in-state and out-of-state. Any amount over \$150 per night requires prior justification and approval. **Submit zero balance hotel receipt for reimbursement.**
- Parking:** Parking costs will be reimbursed for state business only. Receipts must be submitted. Charges for valet parking will not be reimbursed UNLESS there is not self-parking option.
- Portage:** May only be reimbursed at the rate of \$1 per bag of state materials (not luggage).
- Taxi/Tips:** Taxi fare and tip receipts must be submitted. Tips are **NOT** to exceed **15%** of cab fare. Taxis should only be utilized for short distances. If the cost of a rental car is less than the cost of a taxi, travelers will be reimbursed at the rental car rate (**\$25.00/day**).
- Tolls:** You must obtain receipts to be reimbursed for tolls. **DO NOT** use the rental car toll service (SunPass).  
**\*\* All receipts must have traveler's initials and date \*\***

**SAVE ALL ORIGINAL RECEIPTS AND SUBMIT WITH TRAVEL REIMBURSEMENT FORMS TO:**

Nickardo Salmon  
Florida Gulf Coast University  
10501 FGCU Blvd. South – Merwin Hall #224H  
Ft. Myers, Florida 33965-6565  
[nsalmon@fgcu.edu](mailto:nsalmon@fgcu.edu) | (239) 590-7593

## Instructions for Completing Travel Forms

Please ***do not staple or tape*** any documents (i.e. maps, receipts...)

Use paperclips instead of staples.

All forms are required. See below:

1. **Travel Reimbursement Checklist (Required)** Complete entire form (including departure/arrival times and include am or pm).
2. **Travel Reimbursement Request Form (Required)**
3. **Map printout (2-way)**

**To avoid travel reimbursement delays, please check to make sure you:**

- Complete all necessary forms.
- Complete only the yellow highlighted portions of the forms.
- Do not tape receipts** (clip them to forms).
- Do not use staples** in any of the forms, receipts or printouts. Please clip all forms and receipts together. (*Envelopes may be opened by the post office, so please clip everything together to prevent items from falling out and getting lost.*)
- Attach an agenda for the event or an email with your name in the message indicating event location and dates if no agenda was provided.
- Indicate complimentary/included meals and other services with dates on travel checklist (i.e. hotel provided breakfast, lunch included in conference registration fee).
- Include hotel receipts showing a zero (paid) balance for reimbursement. If the hotel room was paid through a direct bill for an event, a receipt is not needed.
- Attach MapQuest/Google Maps 2-way printout of routes and miles traveled when using a personal car.
- Justify all vicinity mileage in writing (i.e. hotel to meeting, home to airport).
- Include receipts for fuel purchased for rental and personal cars on authorized travel dates.
- Initial toll, gas, parking and other small receipts that do not have traveler's name on them.
- Attach a "Travel Missing Receipt Affidavit" if any receipts are lost.
- Attach written pre-approval for airfare reimbursement (i.e. email from authorized DOE staff).
- Attach written pre-approval for rental car upgrade (i.e. email from authorized DOE staff).
- Do not include meal receipts. Meals are reimbursed at the state rate.
- Submit travel forms with receipts no later than three days after travel is completed.

## Travel Reimbursement Checklist

The reimbursement process requires the following travel forms:

Checklist (this form), an authorization, reimbursement and mileage log (if claiming vicinity or map mileage).

In order to expedite your reimbursement, please follow the instructions on the attached "Instructions for Completing Travel Forms" sheet and make sure the following are provided:

Your signature on all forms, agenda for event, MapQuest/Google Maps 2-way showing mileage from your home to the event venue and vicinity/mileage log with maps (if you drove personal vehicle), and original receipts for all expenses for which you are requesting reimbursement

<b>PERSONAL INFO. Please use only the address that is on your W-9 -- ALL FORMS</b>	
State Employee: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name (first/last): _____	
Home Address: _____	
City: _____	State: <u>FL</u> Zip: _____ Phone: _____
Email: _____	Job Title: _____
<b>MEETING INFO. Please complete entire section and include an agenda</b>	
Name of Meeting Attended: _____	
Point of Origin: _____	Place of Meeting (City): _____
DATE Trip Started (mm/dd/yy): _____	TIME Trip Started: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
DATE Trip Ended (mm/dd/yy): _____	TIME Trip Ended: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Event Category: _____	
<b>MEALS List only complimentary meals (B = Breakfast, L = Lunch, D = Dinner)</b>	
Complimentary meals: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If so, mark (x) meals/days &amp; add date</i>	
<input type="checkbox"/> Mon. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Tues. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D
<input type="checkbox"/> Wed. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Thurs. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D
<input type="checkbox"/> Fri. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> Sat. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D
<input type="checkbox"/> Sun. / Date: _____ <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	
Expenses covered by a sponsor (i.e., Prentice Hall, District...)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so name: _____ (first-time sponsor reimbursements must include a W9 form/detailed invoice from district)	
Were you the driver? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If not, whom did you travel with?</i> _____	
<b>EXPENSES Please check (x)/complete only the boxes that apply and submit receipts for each item</b>	
<input type="checkbox"/> <b>Personal vehicle</b> (provide total roundtrip map miles driven – <u>NOT</u> vicinity miles) _____	
<input type="checkbox"/> Vicinity Miles: _____ <i>Explain vicinity miles</i> _____	
<input type="checkbox"/> <b>Rental car</b> (NO mileage/vicinity): \$ _____ <i>If not AVIS/Budget compact, explain:</i> _____	
<input type="checkbox"/> <b>Plane fare</b> (must include a boarding pass): \$ _____	
<input type="checkbox"/> <b>Taxi:</b> \$ _____	<input type="checkbox"/> <b>Hotel:</b> \$ _____
<input type="checkbox"/> <b>Parking:</b> \$ _____	<input type="checkbox"/> <b>Tolls:</b> \$ _____ <i>(Please initial receipts)</i>
<input type="checkbox"/> <b>Fuel:</b> \$ _____	<input type="checkbox"/> <b>Other:</b> \$ _____ <i>(explain):</i> _____

Please justify any unusual (pre-approval is required) circumstances (i.e. other than ENTERPRISE car rental/larger than "compact" class rental, air fare...)

\*\*\*PLEASE RETURN COMPLETED FORMS WITH RECEIPTS TO:\*\*\*

Attn.: Nickardo Salmon  
Florida Gulf Coast University – Counseling  
10501FGCU Blvd. South – Merwin Hall #224H  
Ft. Myers, Florida 33965-6565  
[nsalmon@fgcu.edu](mailto:nsalmon@fgcu.edu) | (239) 590-7593

Revised October 2020



## Travel Reimbursement Request Form

### Procurement Services – Modular II Office of the Controller

Check One:  
 Student  
 Non-Employee /  
 Independent Contractor

Phone: (239) 590-1130  
 Fax: (239) 590-1140

10501 FGCU Boulevard S.  
 Fort Myers, FL 33965

Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Activity Code: \_\_\_\_\_

Date	Travel Starting Point to Destination	Business Purpose / Name of Conference	Departure or Return Time	Per Diem	Meals	Mileage Claimed	Other Expenses	
							Amount	Type

I understand that I am entitled to the full meal allowance or per diem pursuant to Florida Statute 112.061(6) but am claiming a lesser amount. Traveler please initial: \_\_\_\_\_

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

<b>Mileage Total (\$0.445 per mile):</b>		<del>XXXX</del>	<b>Summary Total</b>
<b>Totals:</b>			
<b>Less Travel Advance:</b>			
<b>Net Amount Due to Traveler:</b>			

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was for official business of Florida Gulf Coast University and was performed for the purpose(s) stated above.

Traveler's Signature: \_\_\_\_\_  
 Traveler's Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
 Supervisor's Title: \_\_\_\_\_  
 Date: \_\_\_\_\_