



Florida Consortium on Inclusive Higher Education

Florida Consortium on Inclusive Higher Education  
Email Document to: FCIHE@ucf.edu  
Phone: (407) 883-1098

**FCIHE Technical Assistance Travel Documentation**

Travel's Name: \_\_\_\_\_ UCF Supplier# \_\_\_\_\_  
Institution/Schl Dstrc \_\_\_\_\_ UCF PO # \_\_\_\_\_  
Position \_\_\_\_\_ Email: \_\_\_\_\_ Phone \_\_\_\_\_

**Requested Travel**

**Proposed TA Purpose/Objectives:** (identify 3 objectives to be met as a result of the site visit and travel support)

**Proposed Institution Visit:** \_\_\_\_\_ **Florida City:** \_\_\_\_\_  
**Department/Program for Visit:** \_\_\_\_\_

**Tentative Meeting Date:** \_\_\_\_\_

**TA Travel Funding Approval:** \_\_\_\_\_  
Signature: Dr. Kathleen Becht Date

\*\*\*\*\* Complete above and submit to [FCIHE@ucf.edu](mailto:FCIHE@ucf.edu) for approval at least 45 days before travel. \*\*\*\*\*

\*\*\*\*\* Complete below, no more than 14 days after completion of travel, and submit to [FCIHE@ucf.edu](mailto:FCIHE@ucf.edu) \*\*\*\*\*

**Completed Travel**

I recently participated in the above identified travel for technical assistance, qualifying for reimbursement through the FCIHE, and directly related to the above referenced PO.

Please attach an agenda or an email identifying the times and activities for this travel.

\_\_\_\_\_  
(Traveler's Initials)

**Travel Location**

Started from: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Technical Assistance Location: \_\_\_\_\_

Returned to: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Names & Positions of Individuals met with on Site:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Technical Assistance Impact & Objectives Met:**

**Institution's Next Steps:**

I certify that the above information is true correct, and supplemental to the reimbursement request I submitted for payment for the above numbered PO.

\_\_\_\_\_  
Printed Traveler's Name Traveler's Signature Date

## FAQ's:

### **What is the purpose of "Technical Assistance" travel / What qualifies?**

For secondary/vocational and other post secondary school personnel statewide; participants' travel to and from Inclusive Postsecondary sites; to expand support & technical assistance to encourage and enhance Inclusive Postsecondary opportunities for persons with intellectual disabilities.

### **What can be reimbursed?**

Most travel costs at the State of Florida rate:  
Mileage (0.445 / mi.); lodging (with amount & distance restrictions); meals (per set rate); Tolls and incidentals. UCF Travel brochure available on request.  
Costs are limited by UCF and State of Florida policies concerning most economical means of travel.

### **Can my travel be covered?**

Email, call or write the contacts below with general questions. Once you have a good idea of what you would like to do, continue below.

### **How can I access funding support to cover my travel?**

1. Complete the top part of the form and email to FCIHE@ucf.edu at UCF at least 30 days prior to your desired travel date.
2. We will review, and, if approved, begin the UCF Travel Authorization process.
3. This form will be emailed back to you upon approval.
4. If you do not have a "Vendor or Supplier #" from UCF, fill out a W-9 (available on the FCHIE website), and fax it to 407-882-1067 attn: Jenna Capp; re.FCHIE.
5. Please use this bottom half of the form to document your travel and technical assistance met goals

### **Contacts: Florida Consortium on Inclusive Higher Education (FCIHE)**

Website- [www.FCIHE.com](http://www.FCIHE.com) See contacts and partnering institutions.

Program Director (PD)- Kathy Becht, PhD, [Kathleen.Becht@ucf.edu](mailto:Kathleen.Becht@ucf.edu), 407-823-1099

Budget Assistant- Jeffrey Williams, [jeffrey.williams@ucf.edu](mailto:jeffrey.williams@ucf.edu)

Email: [FCIHE@ucf.edu](mailto:FCIHE@ucf.edu)

Mailing Adr: Florida Consortium on Inclusive Higher Education  
SAS  
PO Box 163661  
Orlando, FL 32816-3661