

## Scholarship Prepaid Airfare Reimbursement Form

Thank you for registering to attend the 2024 EWA National Seminar. To receive your prepaid airfare reimbursement, please follow the steps below and submit the attached form.

### Guidelines:

- You must be registered for the 2024 National Seminar.
- **WRITE CLEARLY.**
- Please send the full airfare *itemized* receipt showing route and credit card charge. Credit card statements are **NOT** an acceptable form for an itemized receipt. If you are missing the receipt, please contact the airline for one to be sent to you.
- EWA will reimburse up to the awarded travel amount for those who attend the seminar and complete all required steps as specified.
- Sign and date the form. Scan and email this form and itemized airfare receipt to Tracee Eason, [reimbursements@ewa.org](mailto:reimbursements@ewa.org) **OR** you may mail in the completed form and original itemized receipt. **DO NOT STAPLE.** If you scan and email your receipt please do **NOT** mail them as well. This will slow down your reimbursement.
- You must submit your prepayment request within 30 days of your scholarship award.
- **If you wish for your prepayment to be deposited into your bank account, please fill out the Vendor Payment Direct Deposit Form.**
- Submissions for prepayment will not be accepted after **April 30, 2024.**

Please remember that the EWA Prepaid Airfare scholarship will **not** reimburse for:

- Ground travel, including but not limited to taxis, mileage, parking, or shuttles between home and the airport or between the airport and the conference hotel.
- Other travel fees, including but not limited to baggage fees (checked or carry-on), early boarding fees, upgrades, travel insurance, or other fees that are not customary or reasonable.

If you have any further questions please contact Tracee Eason ([reimbursements@ewa.org](mailto:reimbursements@ewa.org)) or Judy O'Babatunde ([jobabatunde@ewa.org](mailto:jobabatunde@ewa.org)).

Sincerely,  
Tracee Eason  
Operations Manager



## Scholarship Prepaid Airfare Reimbursement Form

Thank you for registering for the **2024 National Seminar**. To receive your prepaid airfare reimbursement, please follow the steps below.

To receive reimbursement:

1. Register for the 2024 National Seminar,
2. Print this form (**Write clearly**),
3. Complete all sections,
4. Sign and date this form. Scan and email this form and a copy of your **itemized airfare receipt** showing route and credit card charge to Tracee Eason, [reimbursements@ewa.org](mailto:reimbursements@ewa.org) **OR** you may mail in the completed form and original receipt. If you scan and email your itemized receipt and form please do **NOT** mail them as well. This will slow down your reimbursement.
5. You must submit your prepayment request within 30 days of your scholarship award.
6. **If you wish for your prepayment to be deposited into your bank account, please fill out the Vendor Payment Direct Deposit Form.**
7. Submissions for prepayment will not be accepted after **April 30, 2024**.

This reimbursement is for (Name) \_\_\_\_\_

### MAIL CHECK TO:

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Total Airfare Cost: \$ \_\_\_\_\_

Total Reimbursement Request \$ \_\_\_\_\_

I am a recipient of this EWA scholarship for the 2024 National Seminar. EWA has agreed to prepay my airfare before I attend the seminar. If I cancel or do not attend, I agree to reimburse the Education Writers Association these prepaid funds.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### EWA USE ONLY

Description: **2024 National Seminar**

\_\_\_\_ Receipts attached      \_\_\_\_ Receipts equal/more than requested

Acct Code: 062NS

Class Code: 00-0000

Amount: \_\_\_\_\_



## Scholarship Prepaid Airfare Reimbursement Form

### Education Writers Association Vendor Payment Direct Deposit Form

I hereby authorize the Education Writers Association to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the Education Writers Association to my account. In the event that Education Writers Association deposits funds erroneously into my account, I authorize the Education Writers Association to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Education Writers Association and Bank have received written notice from me of its termination in such time and in such manner as to afford Education Writers Association and Bank reasonable opportunity to act on it.

#### Account Information *(Please write clearly or a check will be mailed)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Account Type: Personal \_\_\_\_\_ Business \_\_\_\_\_

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing/ Transit # \_\_\_\_\_

Account Number \_\_\_\_\_

Email payment notifications to: \_\_\_\_\_