

## Scholarship Prepaid Airfare Reimbursement Form

Thank you for registering to attend our seminar. To receive your prepaid airfare reimbursement, please follow the steps below and submit the attached form.

Guidelines:

- You must be registered for the seminar.
- **WRITE CLEARLY ON THE REIMBURSEMENT FORM.**
- Please send the full [itemized airfare 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 copy of itemized receipt. **DO NOT STAPLE.** If you scan and email your itemized 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 in addition to the reimbursement form.

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, 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

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To receive reimbursement:

1. Register to attend the seminar,
2. Complete this form. Write clearly
3. Sign and date this form.
4. Scan and email this form and a copy of your [itemized airfare receipt](#) showing route and credit card charge as **one PDF document** to Tracee Eason, [reimbursements@ewa.org](mailto:reimbursements@ewa.org) **OR** you may mail in the completed form and copy of itemized airfare receipt. If you scan and email your itemized airfare receipt and reimbursement form(s) 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 in addition to this form.**

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 an EWA travel scholarship. 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: \_\_\_\_\_

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.

***PLEASE WRITE CLEARLY. IF TEXT IS UNCLEAR, A CHECK WILL BE MAILED.***

#### Account Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

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

Re-Enter Account Number \_\_\_\_\_

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