**Committee/Other name:** Budget(s) to be charged

Type of Meeting: (Choose one) Note: All ERR must be filed within 60 days of the first expense on ERR – This may require multiple ERRs. Submit to [ERR@CoDA.org](mailto:ERR@CoDA.org)  
\_\_\_\_ Face to Face (F2F); \_\_\_\_CoDA Service Conference (CSC); \_\_\_\_Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_

Starting date and time for meeting: date:\_\_\_\_\_\_ time:\_\_\_\_\_\_ Ending date and time: date:\_\_\_\_\_\_ time:\_\_\_\_\_\_

Completion of the “Confirmation” version of this form is necessary before travel agent can help make travel arrangements for this meeting. A revised “Completion” version is necessary after meeting before ERRs can be processed. Chairs completion of this form acts as their approval for their committee members’ ERRs unless there are requests for reimbursement that are inconsistent with this form. **See instructions**.

**\_\_\_\_\_ Application** Attach objectives of F2F\*required information (Best guess for Application, can be refined for Confirmation)

**\_\_\_\_\_ Confirmation** Attach draft agenda Highlight new or changed information

**\_\_\_\_\_ Completion** Attach actual agenda Highlight new or changed information. No changes from Confirmation-FMAF

Who is expected/was at the meeting? If anyone on this list is related to the submitter/signer of this sheet, please list:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Row # | \*Name on travel documents &  \*email address | \*depart home  date | \*return home date | \*travel from  (home town, state, country) | \*mode of transport  (Air, car, train, etc.) | \***Approximate** travel cost | ERR before travel?  Y, N? | list roommate | Flying? Booking Hotel? Please leave contact number for travel agent. | \*Approximate total  reimbursement \*\*\* |
| 1 | Chair |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |

\*\* If reimbursable amount of room cost is not 50%, specify % and give reason why.

\*\*\* Reminder that daily meal allowance caps can be found at the bottom of this [page](https://coda.org/service-info/finance-unlocked/) (see [links](https://aoprals.state.gov/web920/per_diem_action.asp?MenuHide=1&CountryCode=1079&PostCode=&PublicationDate=20200301) for [source](https://aoprals.state.gov/content.asp?content_id=207&menu_id=75)).

\*\*\* Alcohol (and tips on alcohol) are not covered in daily meal allowance and not reimbursed.  
Form is continued on next page. (For additional names use another sheet.) FMAF tracking #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee/Other name:**

Type of Meeting: (Choose one)   
\_\_\_\_ Face to Face (F2F); \_\_\_\_CoDA Service Conference (CSC); \_\_\_\_Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_

Starting date for meeting: date:\_\_\_\_\_\_

\*Location of Meeting (city, state)

Hotel name and address

Hotel room rate: $ Tax included? Yes or No , if No, tax rate if known .

Any unusual expenses or situations that need special attention in relation to reimbursements of expenses:

\*Total expected cost for this meeting: $ (Sum of all “Approx total reimbursements” plus unusual expenses)  
\*Submitted by (name & title): \*Date Submit to [ERR@CoDA.org](mailto:ERR@CoDA.org)

FMAF tracking #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Application-FMAF for meeting: # assigned by office; Confirmation & Completion sheets for same meeting will use same #)

**Instructions**

When to use this form: (Submit completed forms to: ERR@coda.org)

Application-FMAF Chairs of standing committees in new year rotation - submit by January 31, or   
Chairs of committees petitioning Face to Face (F2F) from extra funds - submissions 60 days before F2F (will be reviewed after January 31.)  
Chairs who have been offered a spot in current year rotation or desire a spot - Approx. 30 days after notification and 60 days before F2F  
Members should not commit to expenses until Application-FMAF is approved. (We hope for a 15-day processing time or less.)

Confirmation-FMAF Chairs of committees who have had their Application-FMAF approved - submit 60-20 days before F2F. (Required before a pre-travel ERR can be processed.)  
Chairs attending CoDA Service Conference (CSC) who plan to request an advance should fill in the form and forward to their Board Liaison for signature and submission.

Completion-FMAF Chairs should submit shortly after their F2F noting any changes from Confirmation-FMAF (someone didn’t attend, unusual expenses, etc.)   
For CSC, a single Completion-FMAF may be created for all chairs and signed by the Board secretary, Board vice-chair, or Board chair. The Finance Chair may help process one form for all chairs.

\*Please include this information on the Application-FMAF.

Please highlight new and changed information for Confirmation-FMAF and for Completion-FMAF.

It is recommended that you copy your committee Board Liaison when you submit your form to [ERR@coda.org](mailto:ERR@coda.org) to keep them informed.