



Conference Travel Reimbursement Terms and Conditions

GAF will reimburse contractors and their affiliated employees who attend the ***WealthBuilder Conference & Expo*** for airline and hotel expenses associated with attending the conference. Reimbursements will not exceed the balance of GAFBucks in the contractor's account at the time of the requested reimbursement. Reimbursements must also meet the following conditions:

- Expenses submitted for **reimbursement must be for airline and hotel expenses only.**
- All requested reimbursements **must be submitted no later than 60 days from the final date of the conference.**
- All expenses submitted for reimbursement **must be on the original printed invoice** from the airline and/or hotel and must be clearly itemized. No handwritten receipts will be accepted
- If there are multiple attendees from the same company, **all receipts must be submitted together, as GAF will only issue one check made payable to the company** requesting expense reimbursement.
- **GAF will issue payment no later than 45 days from the date expenses were submitted.**

Expenses can be mailed, faxed, or emailed. **Please remit all expenses to the following:**

Email: ccp@gaf.com

Fax: (973) 628-3866

Mail: GAF
Contractor Programs
1 Campus Drive
Parsippany, NJ 07054



Conference Travel Reimbursement Form

To Submit Conference Expenses, type directly into this form, save then email, fax or mail back to us:

Email: ccp@gaf.com Fax: (973) 628-3866 Mail: 1 Campus Drive, Parsippany, NJ 07054

COMPANY INFORMATION

Company Name: _____

Current Mailing Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ FAX: _____ EMAIL: _____

Key contact: _____

GAF Certification Number: _____

GAF Conference Attended: 2019 WealthBuilder Conference & Expo

Please itemize your expenses below (these must appear on the original printed invoice from the conference hotel or airline):

Air Transportation	Name	Dates	Amount
Attendee #1	_____	_____	\$ _____
Attendee #2	_____	_____	\$ _____
Attendee #3	_____	_____	\$ _____
Attendee #4	_____	_____	\$ _____
Attendee #5	_____	_____	\$ _____
Attendee #6	_____	_____	\$ _____
Total Air			\$ _____

Hotel	Name	Dates	Amount
Room #1	_____	_____	\$ _____
Room #2	_____	_____	\$ _____
Room #3	_____	_____	\$ _____
Room #4	_____	_____	\$ _____
Room #5	_____	_____	\$ _____
Room #6	_____	_____	\$ _____
Total Hotel			\$ _____

Signature _____ Date _____

Total Requested Reimbursement* (Air + Hotel) \$ _____

Below Space for GAF Office Use only

Received by

(GAF Name)

[Date]

Total Amount Reimbursed \$ _____