



# Regional Training Grant CLASS

## REIMBURSEMENT REQUEST FORM

Region/Provider Name: \_\_\_\_\_

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

Class Date(s): \_\_\_\_\_

Instructor Name(s): \_\_\_\_\_

CLASS COSTS	INSTRUCTOR COSTS
Class Supplies: \$ _____	Instructor Fee: \$ _____
Refreshments: \$ _____	Hotel Name: _____
Facility Rental/Fee: \$ _____	Lodging Paid: \$ _____
Mailing/Postage/Printing: \$ _____	Miscellaneous Cost (i.e. parking): \$ _____
Other (describe): \$ _____	<b>Total Lodging Requested: \$ _____</b>
_____	Per Diem Rate - Training Days: \$ _____
_____	# of Days: ____ Total: \$ _____
<b>Total Class Costs Requested: \$ _____</b>	.....
	Per Diem Rate - Travel Days: \$ _____
	# of Days: ____ Total: \$ _____
	<b>Total Per Diem Requested: \$ _____</b>
	Number of Miles Traveled: _____
	Reimbursement Rate (per mile): \$ _____
	Fleet vehicle      Personal vehicle
	<b>Total Mileage Requested: \$ _____</b>
	<b>Commercial/Other Travel Costs:</b>
	(Airline, baggage fees, parking, car rental, etc.)
	Total \$ _____
	<b>Total Instructor Costs: \$ _____</b>

Other: \_\_\_\_\_

**Total Class Reimbursement Requested: \$ \_\_\_\_\_**

Comments: \_\_\_\_\_

**DOCUMENTATION TO INCLUDE IN THE REIMBURSEMENT REQUEST**  
 Proof of Attendance- Attendance roster  
 Proof of Costs- Itemized hotel bill, dated receipts, invoice, airline ticket, mileage map (if applicable)  
**Incomplete requests will not be reviewed.**