



Regional Training Grant SCHOLARSHIP REIMBURSEMENT REQUEST FORM

Region/Provider Name: _____

Agency Name: _____

Student Last Name(s): _____

PID Number(s): _____

Name of Training: _____

STUDENT SCHOLARSHIP COSTS

Training Date(s): _____

Training Location: _____

Registration Fee (each): \$ _____ x _____

Total Tuition/Registration: \$ _____

Number of Miles Traveled: _____

Reimbursement Rate (per mile): \$ _____

Fleet vehicle Personal vehicle

Total Mileage Requested: \$ _____

Hotel Name: _____

Lodging Paid: \$ _____

Miscellaneous Cost (i.e. parking): \$ _____

Total Lodging Requested: \$ _____

Student Class Supplies: \$ _____

Range Fee: \$ _____

Other (describe): \$ _____

Total Class Supplies: \$ _____

Per Diem Rate - Training Days: \$ _____

of Days: _____ Total: \$ _____

Per Diem Rate - Travel Days: \$ _____

of Days: _____ Total: \$ _____

Total Per Diem Requested: \$ _____

Commercial/Other Travel Costs:

(Airline, baggage fees, parking, car rental, etc.)

Total \$ _____

Other: _____

Total Scholarship Reimbursement Requested: \$ _____

Comments:

DOCUMENTATION TO INCLUDE WITH THE SCHOLARSHIP REIMBURSEMENT REQUEST

Proof of Attendance- Attendance roster or Certificate of completion

Proof of Costs- Itemized hotel bill, dated receipts, registration form, proof of payment or training announcement that documents cost of tuition, airline ticket, mileage map with beginning and ending addresses (if applicable)

Incomplete requests will not be reviewed.