



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): \$ _____	Total Lodging Requested: \$ _____
_____	Per Diem Rate - Training Days: \$ _____
_____	# of Days: ____ Total: \$ _____
Number of Students: _____	Per Diem Rate - Travel Days: \$ _____
Total Class Costs Requested: \$ _____	# of Days: ____ Total: \$ _____
	Total Per Diem Requested: \$ _____

	Number of Miles Traveled: _____
	Reimbursement Rate (per mile): \$ _____
	Fleet vehicle Personal vehicle
	Total Mileage Requested: \$ _____
	Commercial/Other Travel Costs: (Airline, baggage fees, parking, car rental, etc.)
	Total \$ _____
	Total Instructor Costs: \$ _____

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.