



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): \$ _____

Date & Time of Departure: _____
Date & Time of Return: _____
Per Diem Rate - Training Days: \$ _____
of Days: _____ Total: \$ _____

Total Class Supplies: \$ _____

Per Diem Rate - Travel Days: \$ _____
of Days: _____ Total: \$ _____
Total Per Diem Requested: \$ _____

Commercial/Other Travel Costs:
(Airline, baggage fees, parking, car rental, etc.)
Total \$ _____

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.