

NWWIHERC 2024-25
Scholarship Reimbursement Request Form

Name of scholarship recipient:

Name of training attended:

Dates:

Reimbursement Check should be written to:

Name of organization or individual:

Address:

Attention:

Reimbursable Expenses (Please attach copies of all receipts for registration, housing or other. Meal receipts are NOT required).

Registration Fee:

Housing Claimed (\$98/night):

Date of check in:

Date of check out:

Total Mileage Claimed (\$.51/mile)

Starting location:

Ending location:

Round trip total miles:

Per Diem (\$10 (**B**reakfast), \$12 (**L**unch), \$23 **D**inner) for meals respectively). Please indicate the dates and meals purchased:

Date: _____ (please circle) **B** **L** **D**

Date: _____ (please circle) **B** **L** **D**

Date: _____ (please circle) **B** **L** **D**

Date: _____ (please circle) **B** **L** **D**

Other:

Parking fee: