

**NWWIHERC 2023-2024**  
**Scholarship Reimbursement Request Form**

**Name of scholarship recipient:**

**Name of training attended:**

**Dates:**

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**Reimbursement Check should be written to:**

**Name of organization or individual:**

**Address:**

**Attention:**

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

**Registration Fee:**

**Housing Claimed (\$90/night):**

Date of check in:

Date of check out:

**Total Mileage Claimed (\$.51/mile)**

Starting location:

Ending location:

Round trip total miles:

**Per Diem** (\$9 (**B**reakfast), \$11 (**L**unch), \$21 **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: