



MEMBER TRAVEL & TRAINING REIMBURSEMENT VOUCHER

Member Name: _____

Date(s) of trip: _____

From: _____ To: _____

Reason for trip/training (Attach agenda): _____

Mileage will be reimbursed at the rate of \$0.25 per mile based on the most direct route. Use Google Maps or similar application to make this calculation. **You must attach a printout of the map and meeting agenda.**

Amount to be reimbursed for **mileage** _____

Training costs will be reimbursed with prior approval only. Keep receipts for approved costs and submit with this form.

Amount to be reimbursed for **Training** \$ _____

Other travel expenses (i.e., ferry fare, bridge toll): _____

You must attach all receipts.

Total amount to be reimbursed: \$

Member signature: _____

Date _____

Program Director signature: _____

Date _____

Return this form to your Program Director.

Account Code (Office use only): _____