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.**