

High Tech Center Training Unit Reimbursement Form

Reimbursee:

Name (if different from above):

Social security number:

College:

Dept:

Street address:

Apt #:

City:

State:

Zip:

Daytime phone no.:

DSPS staff/faculty member?

Yes

No

Training(s) attended:

Date(s):

*

*

*

List items to be reimbursed (does not include meals):

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

If you drove your personal vehicle, please provide the following information:

Insurance company:

Policy no.:

Driver's license no.:

Total Miles (round-trip):

Address Start point:

Address End point:

Freeways traveled:

In-between mileage (hotel, etc.):

**Original receipts must be provided to be reimbursed.
This form and all receipts must be returned within 30 days of the training.**