



Reimbursement Request

Purpose _____

Place _____

Event date _____

Your Name _____

Mailing Address _____

Phone Number _____ Email _____

Reimbursement request must be received within 90 days of the event.
Our budget process requires that we have events cleared in a timely manner.

Mileage (to and from)	_____ miles @ 0.30	\$ _____
Airfare (must have prior approval of Regional Chair)		\$ _____
Food (must have prior approval of Regional Chair)		\$ _____
Lodging (must have prior approval of Regional Chair)		\$ _____
Misc. (must have prior approval of Regional Chair)		\$ _____
<i>ATTACH ALL RECIEPTS</i>		

Return form and receipts to: Scott Robinson
400.E.UniversityWay
Theatre Arts - MS 7460
Ellensburg, WA 98926-7460

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