

# Application For Expense Reimbursement

Educational Service Unit #17  
207 N Main Street  
Ainsworth, NE 69210

|                |
|----------------|
| Grant Program: |
|----------------|

**Fill Out Before Event**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Description: \_\_\_\_\_

Travel Approval Before Event:

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date Signed

**Fill Out After Event**

|                                                        |  |
|--------------------------------------------------------|--|
| Other Expenses (Specify) _____                         |  |
| Meals _____                                            |  |
| Lodging                                                |  |
| Registration Fee                                       |  |
| Mileage Total Miles: _____ X Reimbursement Rate: _____ |  |
| <b>TOTAL REIMBURSEMENT CLAIM</b>                       |  |

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Signed

**FOR ESU OFFICE USE ONLY**

|                |  |
|----------------|--|
| Other Expenses |  |
| Meals          |  |
| Lodging        |  |
| Registration   |  |
| Mileage        |  |
| Total          |  |
| Account #      |  |
| Account #      |  |

**Lodging Costs: Omaha \$110  
Other \$96**

**Please attach original copies of canceled checks, registration forms and other pertinent information to this form.**

**Requests must be in the ESU 17 office after the 1<sup>st</sup> day of the month to receive payment on the 15<sup>th</sup>.**