

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: _____ | |
| TOTAL REIMBURSEMENT CLAIM | |

Staff Signature

Date Signed

FOR ESU OFFICE USE ONLY

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

**Lodging Costs: Omaha \$110
Other \$98**

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 1st day of the month to receive payment on the 15th.