**Participant Full Name:**

**Participant Email:**

**Dates in Attendance (check all that apply):**

[ ]  Monday, November 4, 2019 [ ]  Tuesday, November 5, 2019 [ ]  Wednesday, November 6, 2019

**All reimbursement requests must be made through this expense recovery form, and submitted electronically to** **info@justoutcomesconsulting.com** **no later than November 22, 2019**. Please check each type of reimbursement applicable to this request.

1. Expense recovery form must be completed in full, and all receipts submitted for reimbursement.
2. If receipt is unavailable, description of why it is unavailable can be provided within the form.

**[ ]  TRAVEL COSTS:** Please indicate travel costs and provide receipts or indicate why receipt is missing. Mileage will be paid at 53.5 cents per mile. Maximum reimbursement for travel is $325 (roundtrip).

|  |  |  |
| --- | --- | --- |
| **EXPENSE** | **Reimbursement Requested****(include receipts)** | **Notes** |
| **Mileage**  | $     ($0.535 x total mileage) | Starting Mileage:      Ending Mileage:       Total Mileage:       | *Please document start and end mileage on your odometer.*  |
| **Car Rental**   | $      |       |
| **Fuel** *(only if renting car)* | $      |       |
| **Public Transit** | $      |       |
| **Train/Flight** | $      |       |
| **TOTAL** (not to exceed $325) | **$** |       |

**Total Reimbursement** **Requested**: $

Please provide name and address that check should be sent to:

|  |  |
| --- | --- |
| **Check written out to:**  |       |
| **Street Address:** |       |
| **City, State, Zip** |       |

***By signing below, I certify all information is true and correct to the best of my knowledge.***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Date Signed** |