

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 \$202
Other \$110**

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.