

WILLIAM W. WINPISINGER
 EDUCATION AND TECHNOLOGY CENTER
 24494 PLACID HARBOR WAY
 HOLLYWOOD, MD 20636



Driver Reimbursement Form

TO BE FILLED OUT BY DRIVERS ONLY

****Please turn form into an Instructor by no later than Wednesday****

Driver/Owner of Vehicle _____

Participant Sharing Ride _____

Card/Book Number _____

Local Lodge _____ District Lodge _____

Class Name _____

Dates Attending Class _____

Send Transportation Reimbursement To (**Circle One**):

Local Lodge

District Lodge

Location of Lodge or District _____

Vehicle Make _____

Color _____ Year _____

Vehicle Model _____

Tag Number _____ State or Province _____

****Mandatory/Must sign form****

(Signature)

Travel reimbursement once submitted will be approximately three weeks

*******DO NOT WRITE BELOW THIS POINT*******
FOR OFFICE USE ONLY

REIMBURSEMENT	VERIFIED ___ ENT ___	SENT TO HQ ____
70514-0350-5 U.S.	70513-350-5 CANADIAN	METHOD
\$	SUPERSAVER	\$
APPROVAL	MILEAGE	=