

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 Tuesday****

Driver/Owner of Vehicle _____

Participant Sharing Ride _____

Card/Book Number _____

Local Lodge _____ District Lodge _____

Class Name _____

Dates Attending Class _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Vehicle Make _____

Color _____ Year _____

Vehicle Model _____

Tag Number _____ State or Province _____

Send Transportation Reimbursement To **(Circle One)**: Local Lodge District Lodge

****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	=