

NWWIHERC 2025-2026 (BP2)
Scholarship Reimbursement Request Form

Name of scholarship recipient:

Name of training attended:

Dates:

Reimbursement Check should be written to:

Name of organization or individual:

Address:

Attention:

Reimbursable Expenses (Please attach copies of all receipts for registration, housing or other. Meal receipts are NOT required).

Registration Fee:

Housing Claimed (\$98/night):

Date of check in:

Date of check out:

Total Mileage Claimed (\$.51/mile)

Starting location:

Ending location:

Round trip total miles:

Per Diem (\$10 (Breakfast), \$12 (Lunch), \$23 Dinner) for meals respectively). Please indicate the dates and meals purchased:

| | | | | |
|-------------|-----------------|---|---|---|
| Date: _____ | (please circle) | B | L | D |
| Date: _____ | (please circle) | B | L | D |
| Date: _____ | (please circle) | B | L | D |
| Date: _____ | (please circle) | B | L | D |

Other:

Parking fee:

01/09/26