

REIMBURSEMENT REQUEST

Please complete the applicable items for reimbursement based on SDASCOE policies.  
Attach receipts for purchase reimbursements, room, airfare, and parking (if applicable).

Name: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Room (1/2 room rate of \$ \_\_\_\_\_ ) \$ \_\_\_\_\_

Mileage\* (Round Trip of \_\_\_\_\_ miles X \$ 0. \_\_\_\_\_ ) \$ \_\_\_\_\_

Miscellaneous\*\* \_\_\_\_\_

Expense Reimbursement \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

\* Spring, Fall, Convention and Special meetings

\*\*Includes registration fee, parking, etc.

RETURN COMPLETED FORM TO:

Brenda Wicks, Treasurer  
41370 185th St  
Carpenter, SD 57322  
[bwicks@nrctv.com](mailto:bwicks@nrctv.com)

PAID \_\_\_\_\_

CHECK NO. \_\_\_\_\_