



RPM Academy HSI Instructor Reimbursement Request Form

HSI Instructor Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____	Mail the completed reimbursement request form and supporting receipts to: Laurel Kuehl 238 Laurel Drive Valpariso IN 46383 Questions: mfaasstdir@gmail.com
Telephone Number with Area Code: _____ Email Address: _____	

HSI Instructor Expenses Part I Reimbursement for approved RPM HSI classes only. Requests forms should be submitted within 14 days.

I	Date(s) of Activity or Event	Location & Description of Activity or Event	Miles* Roundtrip x .15/mi using MapQuest	Lodging** One night max \$75 without PRIOR approval	Other*** Require PRIOR approval by HSI Director or Representative
A			_____ mi x .15/mi = \$	\$	\$
B			_____ mi x .15/mi = \$	\$	\$
C			_____ mi x .15/mi = \$	\$	\$

SECTION I TOTAL: \$ _____

HSI Instructor Expenses Part II Reimbursement for approved RPM HSI supply purchases only. Requests forms should be submitted within 14 days.

II	ITEM	SUPPLY SPECIFICATIONS	QUANTITY	PRICE	TOTAL COST W/TAX
1	4 x 4 gauze	Package		x \$	\$
2	2" gauze	Roll-style		x \$	\$
3	Gloves	Box (non-latex)		x \$	\$
4	Student cards	HSI certified class documentation		x \$	
5	Other HSI Class Supply Expenses Require PRIOR approval by RPM HSI Director or Representative	a)		\$	\$
		b)		\$	\$

SECTION I TOTAL: \$ _____ + SECTION II TOTAL: \$ _____ = TOTAL REIMBURSEMENT REQUESTED: \$ _____

These are valid expenses and eligible for reimbursement in accordance with the RPM Academy Instructor & Trainer Reference Manual.

RPM HSI Instructor Signature: _____ Date: _____

this section for RPM Academy LLC administrative purposes only

The expenses submitted have (have not: reason: _____) been approved for reimbursement.

RPM Academy HSI Director (or Representative) Signature: _____ Date: _____

Check Number: _____ Date Mailed: _____ Confirmation Email Sent: Yes No