**RPM Academy Instructor Reimbursement Request Form**

R.11

***Check off all activities or events provided****:*

□ On-Bike course(s) including classroom

□ On-Bike course(s) range only

□ Seminar(s) □ Module(s)

***RPM HSI Instructors use***

***HSI Reimbursement Request Form only***

Instructor/Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number with Area Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V

**Mail** the **completed** reimbursement request form

**with supporting receipts** to: **Susan Huttman**

**RPM Academy PO Box 384 Wilkesboro, NC 28697**

**Questions:** **susanhuttman@rpmacademy.net**

**Summary of Expenses**

Reimbursement for approved RPM courses or classes ***only***. Request forms should be submitted ***within 14 days***.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date(s) of Activity or Event | Description of Activity or Event | **Miles**Roundtrip x .15/miusing MapQuest  | **Lodging**One night max $75 without PRIOR approval  | **Other**Requires PRIOR approval |
| 1 |  |  | \_\_\_\_\_mi x .15/mi = $ |  |  |
| 2 |  |  | \_\_\_\_\_mi x .15/mi = $ |  |  |
| 3 |  |  | \_\_\_\_\_mi x .15/mi = $ |  |  |
| 4 |  |  | \_\_\_\_\_mi x .15/mi = $ |  |  |
| 5 |  |  | \_\_\_\_\_mi x .15/mi = $ |  |  |
| **Category Totals:** | $ | $ | $ |
| **Total Reimbursement Requested:** | $ |

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

 Instructor/Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*this section for RPM Academy LLC administrative purposes only*

The expenses submitted □ have (□ have not: reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_) been approved for reimbursement.

RPM Academy Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation Email Sent: Yes No