# RPM Academy Instructor & Trainer Reimbursement Request Form

Instructor/Trainer Name: _____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Email Address: _____

Telephone Number with Area Code:_____

***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***

**Mail** the **completed** reimbursement request form **with supporting receipts** to: **Sue Allhands**
**509 W Clay St. Clinton, IL.**
Questions: jallhands@sbcglobal.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/mi using 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