

# High Tech Center Training Unit Reimbursement Form

Reimbursee:

Name (if different from above):

Social security number:

College:

Dept:

Street address:

Apt #:

City:

State:

Zip:

Daytime phone no.:

DSPS staff/faculty member?

Yes

No

Training(s) Attended:

Date(s):

\*

\*

\*

**List items and amount to be reimbursed (does not include meals):**

- |    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

**Please provide the following information if you drove your personal vehicle:**

Insurance company:

Policy no.:

Driver's license no.:

Total Miles (round-trip):

Address Start point:

Address End point:

Freeways traveled:

**Original receipts must be provided.  
Submit form and original receipts within 30 days of training.**