



Scholarship Granting Organization Training  
July 15-16, 2019  
Travel Reimbursement Form

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

Address: \_\_\_\_\_ (check will be sent here)

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

Phone: (\_\_\_\_) \_\_\_\_\_

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

Criteria for the travel reimbursement (check completion):

- attend all sessions
- complete the post-event survey
- enter mileage roundtrip \_\_\_\_\_ X .585 = \_\_\_\_\_

Amount requested (up to \$750 max): \_\_\_\_\_

Make check out to: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email this form and all applicable receipts to Sarah Bosso by August 9, 2019.

[sarah@edchoice.org](mailto:sarah@edchoice.org)

Fax: 317-681-0945