

EMT ED FUND TRAVEL REIMBURSEMENT REQUEST

NAME: _____

REQUEST DATE: _____

ADDRESS: _____

CLASS DATE RANGE: _____

AGENCY: _____

SS# _____ (required for reimbursement)

DATE	TIME		CLASS TITLE	LOCATION	ODOMETER		TOTAL MILES
	depart	arrive			beginning	ending	

If you took part in a car pool did you drive, or ride with someone else? _____ If you rode in a carpool, who did you ride with? _____

There is a \$200 per vehicle limit. Please carpool to help extend funds for all participants.

TOTAL MILEAGE @ 28¢ per mile: _____



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Please note, there is a \$200 travel reimbursement limit per person per class.

Please make more copies if needed. Also available to download on our website, www.eou.edu/neoahec/ and choose the EMT Education Funds button. Revised:10/2003