



WLA/WALE CONFERENCE ATTENDANCE GRANT

RECIPIENT'S REIMBURSEMENT REQUEST

Return a copy of this form with your daily log and evaluation forms by E-mail to washla@wla.org immediately after the conference.

Within 10 days of conference mail signed/dated original with receipts to:
Scholarship Committee/WLA
4016 1st AVE NE
Seattle WA 98105-6502

ROUND-TRIP MILEAGE _____miles.

Mileage reimbursement requested \$ _____
(subject to rate verification, calculate at \$0.50.5/Mile)

Fees paid to the conference \$ _____
(registration and meals, attach copy of registration form)

Lodging (attach receipt) \$ _____

Other expenses (detail below, with receipts) \$ _____

Total expenses \$ _____

Total reimbursement requested \$ _____
(not to exceed \$400.00)

Signature (attests to accuracy of claim) _____

DATE _____

Save a copies of the request and your receipts.