

# Northwest Region EMS & Trauma Care Council

## Reimbursement / Travel Expense Worksheet

For Authorization of Expenditures for Non-Employees



Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Meeting/Training: \_\_\_\_\_

Agency: \_\_\_\_\_ Purpose: \_\_\_\_\_

### Reimbursement

#### Transportation:

Roundtrip Mileage to/from Destination \_\_\_\_\_ X \_\_\_\_\_ ¢/mile = \_\_\_\_\_  
(Private Auto Only) # of miles rate

Other Transportation \_\_\_\_\_

#### Other Expenses:

Honorarium \_\_\_\_\_

Additional Honorarium \_\_\_\_\_

Reason \_\_\_\_\_

Parking\* \_\_\_\_\_

Taxi\* \_\_\_\_\_

Ferry\* \_\_\_\_\_

Lodging\* (must be Pre-approved) \_\_\_\_\_

**Total Due this Voucher**

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\*Please attach all receipts supporting reimbursement

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

Send form to: Northwest Region EMS: P. O. Box 5179, Bremerton, WA 98312  
Fax: 360-479-5772 or Email: admin@nwrems.org

All taxes resulting from this payment are the responsibility of the recipient of these funds.