



**WORKSHOP REGISTRATION  
REIMBURSEMENT FORM**  
(within a 50 mile radius)

**Directions:**

Complete the information below and submit to your Campus Athletic Secretary, along with your registration receipts, agenda, and certificate for the conference you attended.

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_ Meeting Location: \_\_\_\_\_

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

Date(s) of Meeting: \_\_\_\_\_

REGISTRATION \_\_\_\_\_

MISC. \_\_\_\_\_

Mileage (round-trip x .655) \_\_\_\_\_

TOTAL REQUESTED \_\_\_\_\_

MAXIMUM DISTRICT REIMBURSEMENT \_\_\_\_\_

If you have questions, please e-mail your Campus Athletic Secretary.

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Claim #: \_\_\_\_\_

Budget #: \_\_\_\_\_