

NWWIHERC 2025-2026 (BP2)
Scholarship Reimbursement Request Form

Name of scholarship recipient:

Name of training attended:

Dates:

Reimbursement Check should be written to:

Name of organization or individual:

Address:

Attention:

Reimbursable Expenses (Please attach copies of all receipts for registration, housing or other. Meal receipts are NOT required).

Registration Fee:

Housing Claimed (\$101/night. NOTE: Milwaukee, Waukesha and Racine Counties have a rate of \$106):

Date of check in:

Date of check out:

Total Mileage Claimed (\$.51/mile)

Starting location:

Ending location:

Round trip total miles:

Per Diem (\$11 (**B**reakfast), \$13 (**L**unch), \$24 **D**inner) for meals respectively). Please indicate the dates and meals purchased:

Date: _____	B	L	D	(please circle)
Date: _____	B	L	D	(please circle)
Date: _____	B	L	D	(please circle)
Date: _____	B	L	D	(please circle)

Other:

Parking fee:

01/14/26