

# CWMA Scholarship Reimbursement Form



Please legibly complete membership application.

MEMBER INFORMATION					
First Name:			Last Name:		
Title:			Organization/Jurisdiction:		
Street Address:					
City:		State:		Zip Code:	
Phone Number:		Fax Number:		Email Address (Required):	
TRAINING INFORMATION					
Training Received		Training Location:		Dates of Travel:	
EXPENSES					
Airfare: *Please provide receipt.				\$	
Personal Vehicle Travel: *Millage rate may be adjusted as per IRS Millage Rate Schedule.			Number of Miles:	\$	
Parking: *Please provide receipt.				\$	
Ground Transportation: *Please provide receipt.				\$	
Time You Left Home on Day 1:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time You Arrived Home on Last Day:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Per Diem: <b>\$30/Day</b> Breakfast \$7.50, Lunch \$7.50, Dinner \$15			Number of Days:	\$	
Lodging: *Please provide receipt.				\$	
Miscellaneous Expenses * Please provide receipt.				\$	
Total Expenses Claimed:				\$	
Signature:			Date:		

**Mail completed application to:**

Sherry Turvey, CWMA Secretary-Treasurer  
 6531 SE Forbes Ave., Suite B  
 Topeka, KS 66619  
 Phone (785) 296-8437  
 Fax (785) 862-2460  
 Email: sherry.turvey@kda.ks.gov