

WILLIAM W. WINPISINGER  
 EDUCATION AND TECHNOLOGY CENTER  
 24494 PLACID HARBOR WAY  
 HOLLYWOOD, MD 20636



## Driver Reimbursement Form

**TO BE FILLED OUT BY DRIVERS ONLY**

**\*\*Please turn form into an Instructor by the start of the first class\*\***

Driver/Owner of Vehicle \_\_\_\_\_

Participant Sharing Ride \_\_\_\_\_

Card/Book Number \_\_\_\_\_

Local Lodge \_\_\_\_\_ District Lodge \_\_\_\_\_

Class Name \_\_\_\_\_

Dates Attending Class \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Tag Number \_\_\_\_\_ State or Province \_\_\_\_\_

Send Transportation Reimbursement To **(Circle One)**: Local Lodge    District Lodge

**\*\*Mandatory/Must sign form\*\***

\_\_\_\_\_  
 (Signature)

**\*Travel reimbursement once submitted will be approximately three weeks\***

\*\*\*\*\*DO NOT WRITE BELOW THIS POINT\*\*\*\*\*

**FOR OFFICE USE ONLY**

REIMBURSEMENT	VERIFIED ___ ENT ___	SENT TO HQ ___
70514-0350-5 U.S.	70513-350-5 CANADIAN	METHOD
\$	SUPERSAVER	\$
APPROVAL	MILEAGE	=