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 _____ District_____

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 District

****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	CALCULATIONS
$	SUPERSAVER	$
APPROVAL	MILEAGE	=