

HEALTHY CHILDREN HEALTHY NATIONS



Charting Pathways on Early Childhood Development and Nutrition for Minnesota's Native Children

PARTICIPANT TRAVEL REIMBURSEMENT FORM

Name: _____

Organization: _____

Please mail my reimbursement to:

Street Address: _____

City, State and Zip: _____

For questions, please contact me at:

Phone: _____ (_____) _____

Email: _____

Acknowledgements

By completing this form, I am affirming that I personally incurred mileage and/or parking costs during the course of participating in this event, and am requesting a reimbursement be issued to me. I understand that I am eligible to receive reimbursement for actual mileage and parking costs, not to exceed \$400. I have attached my parking receipts and understand that I must provide all required information in order for my reimbursement to be processed. I understand that it may take 2-3 weeks to receive by reimbursement after Echo Hawk Consulting has received my completed request.

Claimed Mileage:

Beginning Destination (List Address): _____

Round Trip Miles: _____ x \$.54/mile = Total Mileage Requested: \$ _____

Parking Costs: \$ _____ Receipts Must be Attached

Total Reimbursement Requested: \$ _____ Total Must Not Exceed \$400

COMPLETED FORMS SHOULD BE RETURNED ON-SITE TO CRYSTAL ECHO HAWK
OR POSTMARKED TO: ECHO HAWK CONSULTING, 1630A 30th Street PMB 352, Boulder, CO 80301
NO LATER THAN MAY 25, 2017