

**United States Police Canine Association, Inc
Instructor/Trainer Reimbursement Form**

NAME: _____
(Please type or print legibly)

ADDRESS: _____
(Street or PO Box – where you want the check mailed)

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

DATE TRIP STARTED: _____

DATE TRIP ENDED: _____

INFORMATION – TRAVEL:

The USPCA will reimburse your fare (air/rail/bus-economy/standard), car rental (must be approved before trip) or mileage (verified by Google maps) if using your vehicle – receipts required. All receipts may be e-mailed to Jimnordi@gmail.com or mailed to:

USPCA
20 Hickory Ridge Drive
Falmouth, VA 22405-1440

“Per Diem” will be at the rate of \$50.00 per day – no receipts required. The first and last day of travel will be reimbursed at \$37.50.*

*EXCEPTION: If the hotel is providing breakfast, those days “per diem” will be \$40.00 per day.

Travel Expenses = _____
Per Diem x # of Days: _____
Other Expenses: _____

Total Request for Reimbursement: _____