



# REIMBURSEMENT REQUEST FORM

NAME: \_\_\_\_\_ CHECK PAYABLE TO: \_\_\_\_\_

JPA/DISTRICT: \_\_\_\_\_ MAIL TO: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

| MILEAGE RATE<br>(EFFECTIVE JAN 1, 2016): |                |                |                |         |      |       |                        |       |
|--|----------------|----------------|----------------|---------|------|-------|------------------------|-------|
| DATE                                     | MEETING/ EVENT | MILES TRAVELED | TRANSPORTATION | LODGING | MEAL | OTHER | DESCRIPTION            | TOTAL |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
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|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
|  |                |                |                |         |      |       |                        |       |
| <b>TOTALS:</b>                           |                |                |                |         |      |       | <b>TOTAL EXPENSES:</b> |       |

**PLEASE ATTACH ALL RECEIPTS AND ENTER ONE (1) RECEIPT PER LINE  
 REIMBURSEMENTS MAY TAKE UP TO THIRTY (30) DAYS**

**RETURN TO: CRYSTAL MCMAHAN**  
[cmcmahan@keenan.com](mailto:cmcmahan@keenan.com)  
**KEENAN & ASSOCIATES**  
 2355 CRENSHAW BLVD, #200  
 TORRANCE, CA 90501

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_