



# REIMBURSEMENT REQUEST FORM

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

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

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

MILEAGE RATE (EFFECTIVE JAN 1, 2017):								
DATE	MEETING/ EVENT	MILES TRAVELED	TRANSPORTATION	LODGING	MEAL	OTHER	DESCRIPTION	TOTAL
<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: \_\_\_\_\_