



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
TOTALS:							TOTAL EXPENSES:	

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

RETURN TO: LESLIE DELOZIER
ldelozier@keenan.com
KEENAN & ASSOCIATES
2355 CRENSHAW BLVD, #200
TORRANCE, CA 90501

SIGNATURE: _____

DATE: _____