



**SOUTHERN MINNESOTA  
REGIONAL TRAUMA FOUNDATION**

**Reimbursement Request Form**

Section I – Submitted By:			
Name		Email	
SMRTAC Role		Phone	
Payable To			
Address			
City/State/Zip			

Section II – Petty Cash Request ( <i>not to exceed \$75</i> )		
Date	Amount Requested	Description of Need

Section III – Travel Reimbursement ( <i>within the state of Minnesota</i> )			
Travel To			
Travel From			
Dates			
BCON Course	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation	<input type="checkbox"/> Parking Fees	<input type="checkbox"/> Tolls	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Personal Mileage: _____		
Lodging	Location		
Meals	(Not to exceed \$50/day)		
Conference fees			
Other			
			<b>Subtotal</b>
			<b>Less personal expenses</b>
			<b>Total amount to Requester</b>

Fund Allocation From		
<input type="checkbox"/> Grant Deliverable	<input type="checkbox"/> Trample Trauma 5K	<input type="checkbox"/> General Funds

Requestor:	Date
SMRTF Approval (print & sign):	Date
<input type="checkbox"/> CASH Received by:	Date
<input type="checkbox"/> Check # _____ Sent to:	Date

Please attach receipts for all listed expenses and send signed form to:  
 Maria Flor, SMRTF Executive Director | [Maria.Flor@smrtfoundation.org](mailto:Maria.Flor@smrtfoundation.org)