**PA SOC Partnership Reimbursement Form**

Date of Event: \_\_\_\_\_\_\_\_ Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Length: \_\_\_\_\_\_\_\_

Host of the Event (circle one): PA System of Care Partnership

Type of Event (circle one): Meeting(Face to face) Conference (In person) Interview

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Miles (with supporting documentation): \_\_\_\_\_\_\_\_\_\_ Toll Amounts (with receipts):\_\_\_\_\_\_\_\_\_\_\_

Parking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meal Total (receipts must be provided): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent Care ($10 per hour, circle one): 1 hour 2 hours 3 hours 4+hours

Stipend for Event (circle one): 1+-4 hours ($25) 4+-7 hours ($50) 7+hours ($75)

Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WePay Card Admin. Number (back of card lower right): \_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\* Card Admin Number is required for all reimbursements \*\*\*\***

Card Security Code (3 digit number back of card right of signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note the following:

* All mileage is calculated via MapQuest
* Reimbursement for meals are determined by length of travel
* Dependent care must be pre-arranged
* All reimbursements are based upon available funding and subject to director or designee approval
* Receipts must be submitted for all requested reimbursements. No reimbursement will be paid without a receipt. All receipts must be received within 30 days of the event.

To be completed by event host:

Date Received by Host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed by Event Host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REIMBURSEMENT FORM INFORMATION**

**Please see reverse side for additional instructions/information**

It is important for all the event information and reimbursement requests to be fully completed. This will insure a reimbursement and paying in a timely manner routed and paid. Please submit within 30 days.

**PERSONAL INFORMATION**

Address: Requestors home address

Phone: Best contact phone number

Social Security Number: Complete number is required

**REIMBURSEMENT INFORMATION**

Mileage Total: The total miles for which you are requesting reimbursement with MapQuest backup. If you wish to email this, please feel free to do so. Go to [www.mapquest.com](http://www.mapquest.com) , click on directions and enter starting and ending addresses.

Toll Amount: The total amount of tolls, with receipts, for which you are requesting reimbursement.

Dependent Care: The total amount of pre-approved dependent care for which you are requesting reimbursement.

**Stipend for Event: Stipend is determined by meeting time only, travel time cannot be included.**

Meal Total: Total amount of meals for which you are requesting reimbursement. If meals have not been provided breakfast up to $18.00 and dinner up to $42.00 is reimbursable for overnight travel Monday – Friday; with receipts. If no meals are provided for overnight travel on a weekend, breakfast, lunch and dinner are reimbursable with receipts.

Will not stipend for conference attention

Will not stipend for phone calls

Will not stipend for travel time

**WEPAY CARD INFORMATION**

WePay Card Admin Number: Seven digit number on the lower right back side of the card (this is required on all forms)

PIN: Four digit number of the recipient’s choice (this is required if being issued a new card)

Card Security Code: Three digit number to the right of signature back side of the card (this is required if being issued a new card)

**PLEASE NOTE:**

* Before submitting a request for reimbursement, please make sure the form has been completed and the supporting documentation is attached.
* Reimbursements will be made according to the supported items on the request.
* We cannot guarantee reimbursement if requested after 30 days of the event.

11/8/12