



### SANE SHADOWING REIMBURSEMENT FORM

1. Use this form to request reimbursement for mileage and lodging expenses that you have incurred as part of your experience with the SANE Shadowing Program.
2. All requests for reimbursements and checks must have prior approval from MNCASA.
3. Attach lodging/hotel receipts (hotel reimbursement cannot exceed \$140/night).
4. Meals are not reimbursable.
5. For mileage, note the address you traveled to and from *for all trips* (home address to hotel address, hotel address to hospital address, etc.).
6. Provide a complete mailing address. Reimbursement requests will not be processed and mailed without this information.

MAKE CHECK OUT TO: (Please Print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PRIOR APPROVAL BY: \_\_\_\_\_ Kari Ogrodowski

*The undersigned hereby certifies that the expenses below have actually been rendered on behalf of MNCASA on the dates indicated and for the purposes stated*

SIGNATURE OF PERSON REQUESTING REIMBURSEMENT : \_\_\_\_\_ Date: \_\_\_\_\_

DATE OF EXPENSE	DESCRIPTION OF EXPENSE (for mileage include address of where traveled to/from, # of miles - \$0.54/mile)	PROGRAM TO BE CHARGED (Office Use Only)	AMOUNT

TOTAL AMOUNT REQUESTED : \$ \_\_\_\_\_

FINAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Please email or post mail this form and any corresponding receipts to:

[kari@mncassa.org](mailto:kari@mncassa.org)  
MNCASA c/o Kari Ogrodowski  
161 St. Anthony Avenue, Suite 1001  
St. Paul, MN 55103

*After receiving final approval, checks will be written on the tenth and twentieth of each month.*