



Wisconsin State Reading Association

WSRA . . .providing leadership, advocacy and expertise

Speaker Reimbursement Form

Make Checks Payable to: _____

Address: _____

Please attach all receipts for reimbursement to this form or supply electronic copies.

List each receipt separately and record the total amount to be reimbursed.

Date	Explanation	Amount
		Total Cost/Line
	Honorarium Amount	\$
	Travel – Please Specify Below (Taxi, Parking, etc)	
		\$
		\$
	Mileage – Car (Include Round Trip Mileage to and from the Presentation Location) Total mileage x \$0.576 per mile	\$
		\$
	Restaurant/Meals:	\$
		\$
		\$
	Any Other Expenses:	
		\$
		\$
	Total Due:	\$

Email or Mail all invoices & receipts to: Include the Council Member in charge of the Event Here along with their address and email.