SILA REIMBURSEMENT FORM

Name: _____ State: _____ Date: _____

MAKE CHECK PAYABLE TO: _____

MAIL CHECK TO:

Name or Insurance Department: _____

P. O. Box or Street Address: _____

City: _____ State _____ Zip Code_____

I am requesting reimbursement for the following items: (attach receipts)

Air Fare	_____
Baggage Fees	_____
Hotel (minus Internet, telephone, movies, room service, honor bar, and any misc. expenses)	_____
Airport Parking	_____
Airport Shuttle	_____
Mileage (only if driving to conference) @ 58.5 cents per mile	_____
Hotel Parking (if driving to conference)	_____
Total Reimbursement	_____

Submit reimbursement form and legible copies of receipt(s) to:

SILA
P. O. Box 498
Zionsville, IN 46077-0498
1-800-428-8329
If scanning, email to dcapes@sila.org

NOTE: SILA **will not** reimburse for transportation to and from home or office, airport/hotel tips, meals, telephone or hotel incidental charges.