



SDHSA Travel Reimbursement Voucher

DATE: _____

NAME: _____

PROGRAM: _____

NETWORKING SESSION/EVENT: _____

MILEAGE FROM _____ TO _____

TOTAL MILES: _____

PERSONAL VEHICLE YES / NO

COMPANY VEHICLE YES / NO

NAME OTHERS RIDING WITH YOU _____

HOTEL _____

Attach paid receipts - All hotel rooms must be paid by the program (either by credit card or through direct billing to program).

Were these expenses paid by you or by your program? _____

Signature: _____

SDHSA may reimburse mileage, hotel, and/or meals at current state rates. Networking participants requesting reimbursement will complete the SDHSA reimbursement form and submit it the day of the meeting, and no later than one week after the meeting is completed.