

Request for Payment  
High Country PETS

**Send completed form to Larry Hall, 2642 S. Brentwood Ct., Lakewood, CO 80227**

Make Payment to: \_\_\_\_\_

PETS Position: ☐ Steering Committee ☐ Facilitator\*\* ☐ Other \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ ☐ Home ☐ Office FAX#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Purpose of Expenditure(s) {Travel, Room, etc.} \_\_\_\_\_

Please be specific on the what and why of the expenditure ( For example: Facilitator mileage for training session; or, Shared room expense at PETS)

Attach Receipts – Use page 2 to list items, if necessary

Vendor	Item	Date of Purchase	Amount
		Total from page 2	
		GRAND TOTAL	

Requested by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Approval (PETs Chair or Administrator): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FACILITATORS:** Please read reimbursement guidelines at the bottom of page two.

KEEP COPIES OF ALL EXPENSE REPORT ITEMS

Expense Items (Continued)

VENDOR	ITEM	DATE	AMOUNT
		TOTAL (Carry to page 1)	

Requested by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE FOR FACILITATORS:** **Training** (January of each year) are reimbursed as follows: If driving, first 100 miles is not covered. Any miles over 100 are paid at \$0.55 per mile up to a maximum of \$250; if flying, maximum reimbursement is \$250; Hotel Room – ½ of cost; Meals: breakfast and lunch on training day. **At PETS:** travel expense is paid by District or individual; Registration, paid by PETS; Friday lunch and all meals during PETS, paid by PETS; Hotel Room – shared cost for up to 3 nights.