



WA State Independent Living Council (SILC)

Travel Reimbursement Worksheet

Name: _____ Date: _____

Address, City, State, zip (new): _____

Purpose: _____

From (city): _____ To (city): _____

Start Date/Time: _____

End Date/Time: _____

Out of Pocket Expenses

(If mileage is unknown, SILC will calculate from www.mapquest.com)

Personal Car (mileage): _____ Flight: \$ _____

Hotel Name: _____ Hotel amount: \$ _____

Airport parking: \$ _____ Car rental fee: \$ _____

Train fee: \$ _____ Ferry/Boat: \$ _____

Taxi: \$ _____ Rental Car: \$ _____

Other Charges: \$ _____ Description: _____

(Staff will need receipts for any charges over \$50.00)

Meal Expenses:

Date: _____ Breakfast _____ Lunch _____ Dinner _____

Date: _____ Breakfast _____ Lunch _____ Dinner _____

Date: _____ Breakfast _____ Lunch _____ Dinner _____

Signature: _____ Date: _____

Complete the appropriate sections that you paid out of pocket and wish to be reimbursed for. Return or mail this form to the Washington State Independent Living Council office for reimbursement:

WASILC
PO Box 45343
Olympia, WA 98504

If you have any questions, please contact Marie Slusser at slussmr@dshs.wa.gov or call at 360-725-3693