



You are eligible to be reimbursed for up to \$60 during the ride season. Once you complete your race please send this form and your **receipt** to Lauren Scotti in Personal Development.

Name: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Office [Click here to enter text.](#)

Extension: [Click here to enter text.](#)

Please check off the race(s) you are submitting for reimbursement.

Irish Pub Tour de Shore

Amount \$[Click here to enter text.](#)

Cinco de Mayo

Amount \$[Click here to enter text.](#)

Total Amount Requesting: [\\$Click here to enter text.](#)