



DSM HIGH SCHOOL MUSICAL THEATRE AWARDS JUDGE MILEAGE REIMBURSEMENT FORM

General Information

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

How would you like to receive your check?

☐ MAIL

☐ PICK-UP from DSM

Starting Location	Ending Location	Date	# of Miles	Rate	Tolls*	Amount Owed
				\$0.58	\$	\$
				\$0.58	\$	\$
				\$0.58	\$	\$
				\$0.58	\$	\$
				\$0.58	\$	\$
				\$0.58	\$	\$
				\$0.58	\$	\$
TOTAL AMOUNT OWED:						\$

Please email all reimbursement requests to awards@dallassummermusicals.org. Please note that all requests received by 5pm on Wednesdays will be processed the same week and available by 3pm that Friday. All requests received after 5pm on Wednesday will be available the Friday of the following week.

Judge Signature

Date

E&CP Director Signature

Date

Account Code (for office use only): _____

***You must provide proof of toll charge in order to be eligible to be reimbursed for toll charges.**