



## **PRACTICAL SOIL HEALTH SPECIALIST ACTIVITY STIPEND REIMBURSEMENT FORM**

**SPECIALIST NAME/MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL/PHONE:** \_\_\_\_\_

Please use this form to request reimbursement for your event related to your soil health specialist training. You should have received approval for the stipend prior to requesting reimbursement. You are eligible to receive up to \$300 for your event. Please fill in the required information below. Be sure to itemize your expenses and include receipts. For mileage, please include the To/From and From/To. (A map of the route is not necessary). Mileage will be reimbursed at \$0.58 per mile for 2019.

In addition to the information provided on this form, please be sure to enter your event's information into the "SARE AFT Outreach and TA Tracking" tool available here: [bit.ly/2WYHxWL](https://bit.ly/2WYHxWL). Please submit the completed form to Aaron Ristow, [aristow@farmland.org](mailto:aristow@farmland.org)

**Activity Name:** \_\_\_\_\_

**Activity Date:** \_\_\_\_\_

**Activity Location:** \_\_\_\_\_

**Total Attendance:** \_\_\_\_\_

DATE	PURPOSE/DESCRIPTION	IF APPLICABLE			AMOUNT
		FROM/TO; TO/FROM	MILES TRAVELED	MILEAGE RATE	
				\$0.580	

TOTAL AMOUNT

**REQUESTED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_