**Reimbursement Form**

Name:

Home address:

Employee ID # :

State Vehicle ID:

Vehicle mileage:

Amount requesting to be reimbursed:

Mail this form (manually signed with a wet signature or Officially Electronically signed with the surrounding verification text visible) & **Original itemized** receipt to:

SD Fleet & Travel Management

104 S Garfield Ave, Bldg E

c/o 500 E Capitol Ave

Pierre SD 57501-9935

Please keep a copy of your receipt until you are reimbursed.

Any questions please call 605.773.3162

Reason for reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date Phone #