



# Sioux Empire Water Festival Claim Form (effective 1/2013)

NAME OF CLAIMANT \_\_\_\_\_

EIN \_\_\_\_\_  
or if a check will be written to an individual, provide Social Security # \_\_\_\_\_

CLAIMANT ADDRESS, Phone & Email \_\_\_\_\_  
\_\_\_\_\_

**EXPENSES AS FOLLOWS:**

DATE(S) OF SERVICE \_\_\_\_/\_\_\_\_/\_\_\_\_ Through \_\_\_\_/\_\_\_\_/\_\_\_\_

TRAVEL ORIGIN \_\_\_\_\_ TRAVEL DESTINATION \_\_\_\_\_

Round trip mileage \_\_\_\_\_

DEPARTURE TIME Hour \_\_\_\_:\_\_\_\_ m Date \_\_\_\_/\_\_\_\_/\_\_\_\_

RETURN TIME Hour \_\_\_\_:\_\_\_\_ m Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Expense Incurred	Item	Quantity	Itemized Cost	Total Cost	Receipts Attached
			Subtotal:		
<b>Total Amount of Reimbursement Requested:</b>					

**TO BE SIGNED BY CLAIMANT REPRESENTATIVE:** I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.

SIGNATURE OF CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_

**Return to: Sioux Empire Water Festival  
c/o: Minnehaha Conservation District, 2408 E. Benson Road, Sioux Falls, SD 57104  
phone 605-336-1527**

Office Use Only  
Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_