



Nevada State Office of Energy
2012 EduCode IECC Scholarship Grant

Expense Reimbursement Form

**(NOTE: This form must be received by Saturday, March 10, 2012
in order to be eligible for reimbursement under this Grant!)**

Personal Information:

(please print legibly)

Name(print): _____ Date: _____

Address: _____ City: _____

Zip code: _____ Phone: _____

Email address: _____

Category 1 recipient (reside outside of Clark County) ()

Category 2 recipient (Clark County/Pahrump resident) ()

REIMBURSEMENT INFORMATION:

NOTE: Per scholarship rules, the maximum total reimbursement amount allowed for Category 1 students is \$426 per student. The maximum amount for Category 2 students is \$300 per student.

Class Attendance: Cost of classes: \$150/ day. Please check classes attended:

() Feb 28, Session 21: ACCA Manuals J, D and S and the 2009 IECC

() Feb 29, Session 36: Compliance with the Residential Provisions of the 2009 IECC

() Mar 1, Session 50: Compliance with the Commercial Provisions of the 2009 IECC

() Mar 2, Session 68: Comparison Between 2007 ASHRAE 90.1 & the 2009 IECC & HVAC Requirements

() Mar 2, Session 69: Commercial Lighting Requirements of the 2009 IECC

Total amount of pre-approved reimbursement requested for classes: \$ _____

(Travel section below for Category 1 recipients only)

Travel Expenses: (Maximum reimbursement allowed for travel and/or room expenses is \$126 maximum for having attended two approved classes and \$63 for having attended one approved class - see rules)

Traveled by: airline () bus () (Provide copy of receipt)

Or auto () Total round trip miles (approx): _____ mi. from town of _____ at 41¢ /mi.

Accommodations: (per reimbursement rules, lodging cost eligible for reimbursement must be for evenings prior to approved code classes attended, a copy of receipt must be provided for lodging reimbursement)

Hotel: _____ For dates: _____ (and) _____

Total amount of pre-approved travel and/or lodging reimbursement requested: \$ _____

Total scholarship reimbursement requested: \$ _____

Signature (required): _____

Comments: _____

For Office Use Only: () Address/category verified

() Class attendance verified

() All Receipts verified

Reimbursement approved by SNICC Grant Officer: _____ \$ _____

Reimbursement check #: _____ **Mailed Date:** _____