

Peer Trainer Reimbursement Form

Michigan Community Action Agency Association

Name of Trainer:	
Trainer's Agency:	
Address:	
Phone:	Fax:
E-mail:	
Agency Assisted:	
Date & Time of Departure:	
Date & Time of Return:	

Complete the following (attach additional pages if necessary):

Reimbursable Hours: _____ hours x \$ _____ /hour = \$ _____

Reimbursable Costs — detail & attach receipts: _____ = \$ _____

*Breakfast(s) (travel must start prior to 6am): _____ x \$ 7.25 = \$ _____

*Lunch(es) _____ x \$ 7.25 = \$ _____

*Dinner(s) (travel must start prior to 6:30 pm and extend beyond 8 pm) _____ x \$ 16.50 = \$ _____

Lodging (maximum \$65/night): _____ \$ _____

Transportation: _____ miles x Agency Rate \$ _____ = \$ _____

(up to current State mileage rate)

**Meal Reimbursement
given only if MCAAA does
not provide meals.*

TOTAL REIMBURSEMENT AMOUNT \$ _____

Signature

Date

Michigan Community Action Agency Association

Office Park West
516 South Creyts Road, Suite A
Lansing, MI 48917

Phone: (517) 321-7500
Fax: (517) 321-7504
E-mail: contact@mcaaa.org



Helping People, Changing Lives

MCAAA's intent is to serve the training needs of the CAA network without denying any requests. However, should the need begin to exceed available resources; we may have to put limitations on the amount of peer-to-peer training that any individual agency can receive. MCAAA will reimburse the peer-to-peer trainers' agency for travel using actual costs, up to the state rates and for their time based on the actual cost billed and verified by the agency. The MCAAA Board of Directors has the right to approve or disapprove all training requests.