

Reimbursement Request Cover Sheet

Personal Information			
Name:		Date:	
Mailing Address, including Zip Code:			
Mobile Phone:			
E-Mail Address:			
Title of Event:	Date(s) of Event:		
Location of Event:			
How did you get to the event, if it was not at Mount Snow?		Drove self	Carpool/Rideshare
If carpool/rideshare, with whom?			
Reimbursement Request			
Cost of Event Registration:	\$		
Mileage*: miles @ \$.55/mile =	\$		
Other+:	\$	Attach original receipts	

Total Reimbursement Request: \$

*If the event was not at Mount Snow, the Foundation may, at its sole discretion, provide mileage reimbursement to individuals who drive their own vehicle to the event. The reimbursement amount is calculated as the current IRS rate x the distance in miles of one (1) round-trip from either Mount Snow or the applicant's residence to the event, whichever distance is less, using Google Maps or other commonly accepted map program, to a maximum amount of \$100.00.

+Lodging and other miscellaneous expenses are not reimbursed unless a special motion is passed by the William Y. Cooper Foundation Board of Directors at the time the grant application is approved.

Attach your one-page summary and report of the event and submit to: **Maureen Drummey** Ski Ride School, Senior Manager Phone: 802-464-7046 maureen.b.drummey@vailresorts.com "An Experience of a Lifetime"