

## **Court and Regulatory Appearance Reimbursement Application**

| Repair Shop / Attendee Information |                      |  |
|------------------------------------|----------------------|--|
| Business Name                      | Attendee             |  |
| Business Address                   | Phone Number / Email |  |

| Appearance Details  |   |  |
|---|---|--|
| Reason for Appearance Request                                   |   |  |
| Subpoena Yes No (If yes, please submit a copy of the subpoena.) |   |  |
| Appearance Location   | Normal Work Location (City/Town)              |  |
| Length of Appearance Time (in hours) x \$37.50 =                | Travel Outside of Normal Work Location Yes No |  |

By signing this application, you agree that the information given, including names and any other information provided, is true, correct and complete.

| Name (please print) | Signature      | Date     |
|---------------------|----------------|----------|
|                     | MPI Use Only   |          |
|                     |                |          |
|                     | Amount Request | \$<br>\$ |
|                     | Total Payable  | <br>\$   |
|                     |                |          |

Department Manager (please print)