Oregon Pacific-Cascade Chapter NECA
Education Fund Reimbursement Form

Event: __________________________________________________________

Location: __________________________________________________________

Date(s): __________________________________________________________

Name: Position: (Employee, Officer or Other)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

EXPENSES

Transportation: _________________________________ Amount $ ____________

Lodging: _______________________________________ Amount $ ____________

Registration: ___________________________________ Amount $ ____________

Wages:
# of days ____ X # of people ____ X Rate $_______ = Amount $ ____________

Other: _________________________________________ Amount $ ____________

Total Education Funds Requested Amount $ ____________

I certify the above person(s) is a company representative, an employee, director, or officer and that you are authorized to expend Education Funds on their behalf.

I have read and understand the Education Fund Policy.

I understand that an IRS Form 1099 may be sent to recipients of Education Fund reimbursements other than member firms or service providers.

_____________________________________   ________________________
Signature of Accredited Representative Date

Company Name

For NECA use only

__________________________________________  _________________
Amount approved                                    Amount Paid