

**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