



Education Fund Reimbursement Form

1040 Gateway Loop Suite A
Springfield, OR 97477
Phone: 541-736-1443
Fax: 541-736-1443

Date: _____

Company Name: _____

Title of Seminar/Workshop/Convention: _____

Location (city/state): _____

Registration Fee: _____

Attendees Name	Attendee Position in Company
_____	_____
_____	_____
_____	_____
_____	_____

EXPENSES

Transportation: _____ Amount: \$ _____

Lodging: _____ Amount: \$ _____

Registration: _____ Amount: \$ _____

Wages:
of days _____ X# of people _____ x rate\$ _____ = 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 expand Education Funds on their behalf.

I have read and understand the Education Fund Policy.

I understand that IRS Form 1099 may be sent to recipients of Education Fund Reimbursements other than member firms or services provided.

Signature of Accredited Representative

Date