West-I	MEC	nvoice
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Date Submitted : _____

CTSO In-State Event Reimbursement | 2 event maximum

District:				West-MEC invoice completed and signed		
High School:				Copy of bill for student)	registration fees (\$	75 max per
CTSO: (Please circle)	DECA	FBLA		□ Copy of district purchase order		
	FCCLA	FFA HO	OSA	□ List of student & advisor attendees		
	SkillsUSA	Thespiar	าร	(chaperones are not a covered expense)		pense)
Advisor Name(s):					
Event Title/Deso	cription:					
Location of Ever	nt:					
Date of Event:						
Reimbursement	: for:		Quantity	Price	Total	
	Adv	isor Registration:				
Student Registration : (\$75 max per student)						
			Total Reimburs	ement Request:		
for a	nburse for registration c and have been awardec ocumentation must be p	the West-MEC CTSO	Chapter Award for t	he current school ye	ar.	

Fall semester reimbursements due in February; Spring semester reimbursements due in June.

Local Director Signature	
For West-N	MEC USE ONLY
Date Received by West-MEC:	Ok to Pay
Amount Approved:	PO #
Approved by:	FY: