## West-MEC Invoice

$\qquad$
CTSO In-State Event Reimbursement | 2 event maximum

District: $\qquad$

High School: $\qquad$
CTSO:
(Please circle)


West-MEC invoice completed and signed
Copy of bill for registration fees (\$75 max per student)

Copy of district purchase order
List of student \& advisor attendees
(chaperones are not a covered expense)

## Advisor Name(s):

$\qquad$
Event Title/Description:

Location of Event: $\qquad$
Date of Event:

| Reimbursement for: | Quantity | Price | Total |
| :---: | :---: | :---: | :---: |
| Advisor Registration: |  |  | \$ 0.00 |
| Student Registration: <br> (\$75 max per student) |  |  | \$ 0.00 |
|  | Total Reimbursement Request: |  | \$ 0.00 |
| West-MEC will reimburse for registration only as outlined in the CTSO support instructions for Chapters who have appplied for and have been awarded the West-MEC CTSO Chapter Award for the current school year. Original documentation must be provided with this invoice. (Original invoice, P.O., registration form, etc.) Fall semester reimbursements due in February; Spring semester reimbursements due in June. |  |  |  |

## Local Director Signature

## For West-MEC USE ONLY

| Date Received by West-MEC: ___ Ok to Pay ___ | PO \#___ |
| :--- | :--- |
| Amount Approved: | FY:__ |
| Approved by: |  |

