

West-MEC Invoice

Date Submitted : _____

CTSO Membership Reimbursement Form

District: _____

High School: _____

Advisor Name(s): _____

- West-MEC invoice completed and signed
- Copy of membership invoice
- Copy of district purchase order
- List of students and advisor(s)

CTSO:	DECA	FCCLA	HOSA	SkillsUSA	Thespians
<i>student price not to exceed \$400 and all advisor memberships paid * please reference West-MEC chapter award spreadsheet</i>					
	Quantity	Price	Total		
Total Advisor(s):					
Total Students:					
Total Reimbursement Request:					

CTSO:	FBLA			
<i>West-MEC will support FBLA membership dues through the Chapter Award & Support model @ 0-40 students, up to \$700.</i>				
	Quantity	Price	Total	
Total Advisor(s):				
Total Students:				
Total Reimbursement Request:				

CTSO:	FFA			
<i>West-MEC will continue to support FFA membership dues through the Chapter Award & Support model.</i>				
	Quantity	Price	Total	
Total Advisor(s):				
Total Students:				
Total Reimbursement Request:				

Local Director Signature

For West-MEC USE ONLY	
Date Received by West-MEC: _____	Ok to Pay _____
Amount Approved: _____	PO # _____
Approved by: _____	FY: _____