

CTSO **National Travel** Reimbursement

				☐ West-MEC invoice completed & signed				
District:				☐ Copy of bill for conference registration fees				
High School:					 □ Copy of bill for hotel & airfare \$750 (combined max per student) □ Copy of district travel reimbursement claim (advisor)* 			
CTSO: (Please circle)	DECA		FBLA		 □ Copy of bill & payment for rental car/bus/cab fare (advisor)* □ Copy of district purchase orders for all above 			
	FCCLA	FFA	HOSA		purchases			
	SkillsUSA	Thespians		☐ List of attendees (students must have qualified to attend) *West-MEC only reimburses costs for 1 advisor to attend (chaperones are not a covered expense)				
Advisor Name	:					_		
Location of Na	tional Conference:							
	npetition:					_		
Reimburseme	ent: (Documentation m	oust be inclu	ded for each of the fo	ollowing)	Quantity	Price	Total	
				t Registration:				
		(up to \$	125, <u>may not include fo</u>	ood OR excursions) tudent Travel:				
		(ا ک up to \$750 max; combir					
					Advisor Registration: (may not include food)			
Advisor H						Advisor Hotel:		
Advisor Travel: (airfare - must include district travel expense form)								
Advisor Ground Transportation: (up to \$500 max; rental car, taxi fare, etc.)								
					Total Reimburs	ement Request:		
Local Director	Signature			•		-		
			For West-M	EC USE ONLY				
Date Received	by West-MEC:		Ok to Pay					
Amount Approved:					PO #			
Approved by: _					FY:			

Date Submitted : _____