

# West-MEC Invoice

## CTSO In-State Event Reimbursement

Date Submitted : \_\_\_\_\_

District: \_\_\_\_\_

West-MEC Invoice Completed and signed

High School: \_\_\_\_\_

Copy of bill for registration fees (\$95. max per student)

CTSO:                    DECA    EdRising    FBLA    FCCLA  
*(Please circle)*                    FFA        HOSA       SkillsUSA

Copy of district purchase order

Sub-category: \_\_\_\_\_

List of student & advisor attendees  
 (chaperones not a covered expense)

Advisor Name: \_\_\_\_\_

Event Title/Description: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Reimbursement for:	Quantity	Price	Total
Advisor Registration:			
Student Registration:			
Chapter Fee:			
<b>Total Reimbursement:</b>			

West-MEC will reimburse for registration only as outlined in the CTSO support instruction.  
 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

Date Received by West-MEC: _____	PO# _____
Amount Approved: _____	1st event _____
Approved by: _____	2nd & last event _____