

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:			
Total Reimbursement:			

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 _____