

Request For Reimbursement of CTSO Bus Transportation

Date: 10/19/2007

School:

CTSO:

Advisor:

CTSO Activity:

- Fall Leadership Conference
Date(s) of Conference:
- State Convention
Date(s) of Conference:
- Other:
Date(s) of Conference:

Amount requested to be REIMBURSED:

SCHOOL ACCOUNT # TO BE REIMBURSED

Please attach a copy of the transportation receipt.

Signatures: (All are required)

Advisor

Principal

CTE Coordinator

Office Use Only

Approval: _____ Acct # _____
District CTE Director

Amount \$ _____ Date: _____

**NOTE: ALL REQUESTS FOR REIMBURSEMENT SUBMITTED MORE THAN
90 DAYS AFTER THE ACTIVITY WILL NOT BE REIMBURSED!**