|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt Date:** |  | **Request Date:** |  |
| **Payable to:** |  |
| **Soc Sec #:** |  |
| **Address:** |  |
| **City:** |  | **State:**  | **Zip:**  |

**Reason/Description:** Retreat CEU Seminar Workshop Class

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (**Must** **describe**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**(if retreat, list complete date range) | **Hours**(if CEU, so we can credit your CEU hours) | **Person in Whose Name Request is Being Made** | ***Detailed* Description****(Name of Retreat, Class, Name of Book, FULL DESCRIPTION & reason why)****PLEASE PRINT LEGIBLY** | ***$***  |
|  |  |  |  |  |
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|  |  |  | **TOTAL** |  |

**Requested by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print your name legibly)

**Requirements for Reimbursement** – these items must be attached to this request:

Retreat Registration Form with names and addresses of those to be reimbursed

Please check as completed

A receipt, credit card statement or *cancelled* check

This form has been filled out correctly and with detailed descriptions

***Incomplete or poorly completed forms will be returned to you & result in a delay of reimbursement.***