Invoice

Date Submitted _____

West-MEC CTSO National Travel Reimbursement

District _____

High School _____

CTSO ____FBLA ____FCCLA ____FEA ____FFA ____DECA ____HOSA

Skills USA: ____Metals/Manufacturing ____Carpentry/Construction ____Auto

____Drafting ____Media ____Pre-Engineering

____Cosmetology

Location of National Conference _____

Date of Competition _____

Advisors Name (one per school) _____

List students names	List the name of the event the student qualified to compete in

Reimbursement for:	Qty	Unit Price	Total
Advisor Registration			
Advisor Travel (include district travel expense form)			
Ground Transportation			
Student Registration (may not include food)			
Student Travel (Hotel & Travel - $300.00 Max)			
Total			

Note: Documentation must be included

_____

Local Director Signature

Date received by West-MEC _____

Amount approved _____

Justification if necessary _____

Approved by _____

For West-MEC use only