

Invoice

Date Submitted _____

West-MEC CTSO In-State Event Reimbursement

District _____
High School _____

CTSO _____ FBLA _____ FCCLA _____ FEA _____ FFA _____ DECA _____ HOSA
Skills USA: _____ Metals/Manufacturing _____ Carpentry/Construction _____ Auto
_____ Drafting _____ Media _____ Cosmetology _____ Pre-Engineering

Location of Event _____
Description of Event _____

Date of Event _____
Advisors Name _____

Reimbursement for:	Qty	Unit Price	Total
Advisor Registration			
No. of Student Registration			
Total			

West-MEC will reimburse for registration only as outlined in the CTSO support instructions.
Original documentation must be provided with this invoice.

Local Director Signature

Date received by West-MEC _____
Amount approved _____
Justification if necessary _____

_____ 1st of 2 events _____ 2nd & last event _____ Documentation

Approved by _____