VIRGINIA ART EDUCATION ASSOCIATION
Annual Conference
REQUEST FOR REIMBURSEMENT

Use this form to be reimbursed for monies spent on behalf of the Virginia Art Education Association. **You must attach all receipts and total the amount requested.** Make a copy for your records. Please sign below. Conference Reimbursement Requests must be received by December 31. If you are requesting reimbursement for more than one session please differentiate each session.

DATE: _____ SESSION NUMBER(S): _____

PAY TO: _____ Session Fee: _____

_____ # of participants: _____

_____

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	TOTAL AMOUNT REQUESTED		

I am requesting to be reimbursed for money I spent to perform a service for the Virginia Art Education Association. I understand that I may not personally benefit from proceeds collected.

PAYMENT REQUESTED BY _____

APPROVED BY_____DATE OF PAYMENT _____

CHECK NO / AMOUNT _____

Request for reimbursement may be sent to Peggy Wood, Executive Secretary 12107 Sugar Hill Drive Midlothian, VA 23112