Oregon-Columbia, NECA 601 NE Everett Portland, OR 97232 Phone: 503.233.5787 Fax: 503.235.4308			E	DATE		
PL	EASE SPECIFY IF YOU	J WOULD LIKE TO USE	ED FU	NDS OR SPECIAL CON	IVENTION FUNDS:	
Ed Funds: \$			S	Special Convention Funds: \$		
		SEMINAR / WORKS	HOP /	CONVENTION		
Title o	of Seminar / Workshop /	Convention:				
Location (City/State):						
	Regi	stration Fee:				
Attendees Name				Attendees Position in Company		
			1			
TRAVEL ARRANGEMENTS				LODGING		
Travel Agency name:				Hotel Name:		
Amount:				Room Rate:		
				· · · ·		
CHECK(S) PAYABLE TO:				EDUC	ATIONAL MATERIALS	
Name or Card type:	Last 4 digits of card:	Amount:		Description:		
				Amount:		

2020 EDUCATION REQUISITION FORM

I certify that the above person(s) is a company representative, designated as Employee, Director or Officer and you are authorized to expend funds for his/her education.

I certify the above request is in complete compliance with all provisions outlined in the current Education Fund Policy.

I understand for a person(s) indicated as "Other" than a representative, a 1099 will be sent to the appropriate person(s) within this company for travel and registration expenses.

Accredited Representative

Company Name

Education Fund monies are established on a calendar year basis and must be spent during the calendar year for which they are

established. December 15, 2020, 5:00 p.m. is the deadline for 2020 Educational Fund requests.