

EDUCATION REQUISITION FORM



Oregon-Columbia Chapter, NECA
 601 N E Everett
 Portland, OR 97232
 Phone: 503.233.5787
 Fax: 503.235.4308

DATE

PLEASE SPECIFY IF YOU WOULD LIKE TO USE ED FUNDS OR SPECIAL CONVENTION FUNDS:

Ed Funds: \$ _____

Special Convention Funds: \$ _____

SEMINAR / WORKSHOP / CONVENTION	
Title of Seminar / Workshop / Convention: _____	
Location (City/State): _____	
Registration Fee: _____	
Attendees Name	Attendees Position in Company
_____	_____
_____	_____
_____	_____
_____	_____

TRAVEL ARRANGEMENTS
Travel Agency name: _____
Amount: _____

LODGING
Hotel Name: _____
Room Rate: _____
Arrival Date: _____
Departure Date: _____

CHECK(S) PAYABLE TO:		
Card type:	Last 4 digits of card:	Amount:

EDUCATIONAL/SAFETY MATERIALS
Description: _____
Amount: _____

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 Signature

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 of the current year at 5:00 p.m. is the deadline for Educational Fund requests.**