

EDUCATION REQUISITION FORM



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

DATE

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 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

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, 2018, 5:00 p.m. is the deadline for 2018 Educational Fund requests.