

# EDUCATION REQUISITION FORM



Oregon-Columbia Chapter, NECA  
 601 NE 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

Mode of Travel/Airline: \_\_\_\_\_

Amount: \_\_\_\_\_

### LODGING

Hotel Name: \_\_\_\_\_

Room Rate: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

### CHECK(S) PAYABLE TO:

Name or 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, 2019, 5:00 p.m. is the deadline for 2019 Educational Fund requests.