

# REIMBURSEMENT REQUEST FOR STUDENT TRAVEL

Please complete each section to receive your club's reimbursement of \$5.00 for each student traveling to the following function:

- I.                                   (    )     FBLA  
                                     (    )     DECA  
                                     (    )     CECF

II.    Name of event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Place of event: \_\_\_\_\_

Number of students attended: \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

III.   Method of Travel: ( ) Charter Bus (Please attach copy of payment)

( ) School Bus                   Bus number: \_\_\_\_\_

Bus Driver's Name: \_\_\_\_\_

IV.   School Name: \_\_\_\_\_ Location Number: \_\_\_\_\_

Club Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date