



Florida Section

## REIMBURSEMENT REQUEST

Submit completed form to: Kathy Lockhart, Sugar Cane Growers Cooperative,  
P.O. Box 666, Belle Glade, FL 33430

Please issue a check made payable to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the following expense(s). Please mail the check to:

\_\_\_\_\_

***NOTE: Original receipts (not copies) must be attached for reimbursement.***

Please allocate your expenses to the categories listed below:

**BOARD MEETINGS:**

Meals	\$	_____
Meeting Rooms	\$	_____
Telephone Connections	\$	_____
_____	\$	_____

**ANNUAL CONFERENCE EXPENSES:**

Hotel	\$	_____
Air Fare	\$	_____
Ground Transportation	\$	_____
Required Meeting Expenses	\$	_____
_____	\$	_____

**OPERATIONAL EXPENSES:**

Printing	\$	_____
Travel	\$	_____
Postage/Shipping	\$	_____
Supplies	\$	_____
_____	\$	_____

**EDUCATIONAL EXPENSES:**

Leadership Training	\$	_____
Substitute Teacher reimbursement	\$	_____
Teacher Training Workshop Room Fees	\$	_____
Training Materials	\$	_____
Scholarships	\$	_____
Student Travel Subsidies	\$	_____
Student Membership Subsidies	\$	_____
Science Fair	\$	_____
_____	\$	_____

The Executive Secretary will obtain approval by the Section Chair and, if a conference expense, the Conference Chair prior to issuing a reimbursement check.

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_