



# NSTU Professional Association Meeting Reimbursement Request Form

Professional Association: \_\_\_\_\_

Meeting Date(s): \_\_\_\_\_

Executive Members in attendance (max 8):

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

Refund Request Date: \_\_\_\_\_

**NOTE: A professional association may request reimbursement of an executive meeting up to three (3) months after an executive meeting.**

Approved by:

1. Name: \_\_\_\_\_ Signature \_\_\_\_\_  
President

2. Name: \_\_\_\_\_ Signature \_\_\_\_\_  
Authorizer

For Office use:	
Approved by: _____	Total Amount Refunded: \$ _____
Date: _____	