

Associate Membership Committee

AMC Training Funds Reimbursement Form

All training must be completed and reimbursement form must be submitted by **August 31**. All receipts must be submitted with form. *Funds will only be made payable to the jurisdiction submitting the request.

PAYEE INFORMATION			
Date:	Full Name:		
Title:		Company/Agency:	
Street Address:			
City:		State:	Zip Code: Country:
Phone Number:	Fax Number:	Email Address:	
TRAINING INFORMATION			
Purpose of Training:			
Summary of Expenses:			
Instructors:		Total Number Trained:	
Amount Originally Requested:	Actual Cost Incurred:		Reimbursement Amount Requested:

Return form to:

National Conference on Weights and Measures
1135 M Street, Suite 110 / Lincoln, Nebraska 68508