



**Reimbursement Request Form
School Choice in America Legislator Summit
Lake Tahoe, CA September 10-12, 2017**

Name: _____

Send Payment to:

Name as it should appear on the check:

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Roundtrip Mileage: _____ (@ .535/mile)

Expenses: (please attach copies of receipts)

Total request: \$ _____

This form and accompanied receipts can be mailed, e-mailed, or faxed to:

Keri Hunter
EdChoice
111 Monument Circle Suite 2650
Indianapolis, IN 46204
E-mail: keri@edchoice.org Fax: 317-681-0945

Reimbursement Policy*

Invited state legislators will be reimbursed for their airfare/mileage to and from the summit. Receipts should be submitted to Keri Hunter, EdChoice, For questions, contact Keri at (317) 681-0745 or keri@edchoice.org.

* To the extent permissible by your governing state law, EdChoice will reimburse conference participants for transportation expenses incurred in connection with this conference in an amount not to exceed \$750 upon presentation of a written request accompanied by receipts within 60 days after the conclusion of the conference. The foregoing does not constitute an offer of reimbursement in jurisdictions where prohibited. Conference participants are responsible for complying with all governing state laws and reporting requirements and should consult with their counsel if they have questions. If unable to find coach airfare for less than \$750.00, please contact Keri Hunter ASAP.

Payments cannot be made to any campaign or political account.