



EdChoice Academy
October 22-24, 2017
Travel Reimbursement Form

Name: _____ Date: _____

Address: _____ (check will be sent here)

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

Criteria for the travel reimbursement (check completion):

- attend all sessions
- complete the post-event online survey
- attach receipts

Amount requested: _____

Make check to: _____

Signature: _____

Please email this form to Keri Hunter by November 10, 2017.

keri@edchoice.org

Fax: 317-681-0945