



NCPBL Professional Division-Foundation, Inc. Officer Reimbursement Program Form	
Officer Name:	
Chapter Affiliation:	
Adviser Name and Chapter Mailing Address:	

Reimbursable Conference Expenses				
Institute for Leaders	Registration Fee:		Receipt attached or verification:	
National Leadership Conference	Registration Fee:		Receipt attached or verification:	

Required Conferences / Meetings			
Fall Leadership Development Conference	<i>Verified by:</i>	State Executive Council Meeting	<i>Verified by:</i>
State Leadership Conference	<i>Verified by:</i>	State Executive Council Meeting	<i>Verified by:</i>

Acknowledgement	
<p>I acknowledge that I have attended all required meetings, with attendance verified by a NCPBL Professional Division-Foundation Inc. Board Member. I attest that all expenses were paid from personal funds or chapter funds with the intent of being reimbursed by this program. All required receipts are attached to this form. This form and receipts are due within <u>TWO WEEKS AFTER State Leadership Conference</u> with the reimbursement check being issued <u>TWO WEEKS AFTER THAT DATE. CHECK WILL BE WRITTEN TO OFFICER’S CHAPTER.</u></p>	
Officer Signature:	Date
Adviser Signature:	Date
Board Member Signature:	Date