



Florida Art Education Association Workshop Reimbursement Form

**REQUESTS FOR REIMBURSEMENT RECEIVED AFTER THE POSTMARKED DEADLINE OF
NOVEMBER 30TH WILL NOT BE PROCESSED**

Presenter Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Reimbursed amount – up to \$100.00 per workshop

ORIGINAL RECEIPT(S) FOR REIMBURSEMENT MUST BE ATTACHED TO THIS FORM.

List Workshop Name(s)	Date	Time	Supplies/Materials	Amount

Total Due Presenter \$ _____

Presenter agrees that this request is for the supplies/materials purchased and given to the participants for the workshop(s) presented and not kept for personal use. Supplies and materials purchased for use by the presenter and kept are not reimbursable.

Signature _____

Date _____

Send completed form to: Val Anderson
FAEA • 402 Office Plaza • Tallahassee, Florida 32301-2757
Telephone: (866) 783-ARTS (2787) • Fax: (850) 942-1793
Email: val@faea.org