

APPLICATION FOR REIMBURSEMENT
FROM THE CASA PROFESSIONAL GROWTH TRUST

OFFICE USE ONLY:

Approved by _____
Date _____
Amount _____
Check # _____

Name: _____

Position: _____

Work Location _____

Work Phone #: _____ Cell Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Personal email: _____

Please complete for appropriate expenditure Original receipts must be attached

• **Tuition Reimbursement**

Description of course _____

Provider _____

Cost \$ _____

• **Conference/Convention/Meetings**

Name of conference/convention _____

Date/s of attendance _____

Cost – Entrance Fee \$ _____ Meals \$ _____
Transportation \$ _____ Lodging \$ _____
TOTAL \$ _____

• **Purchases**

List and describe each purchase:

1. _____ Cost _____

2. _____ Cost _____

3. _____ Cost _____

4. _____ Cost _____

Total \$ _____

Total Amount requested from all criteria noted above \$ _____

Signature _____ Date _____