



CTAE Check Request for Registration Reimbursement

NAME:							
SCHOOL:							
HOME ADDRESS: <i>(Your checked will be mailed to your home address from Central Office)</i>							
NAME OF CONFERENCE ATTENDED:							
DATE/S OF CONFERENCE ATTENDED:							
AMOUNT PAID:	\$						
METHOD OF PAYMENT <i>(PLEASE CHECK)</i> <i>ATTACH PROOF OF PAYMENT</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Cash</td> <td style="width: 50%; border: none;">_____ Money Order</td> </tr> <tr> <td style="border: none;">_____ Debit Card</td> <td style="border: none;">_____ Charge Card</td> </tr> <tr> <td style="border: none;">_____ Personal Check</td> <td style="border: none;"></td> </tr> </table>	_____ Cash	_____ Money Order	_____ Debit Card	_____ Charge Card	_____ Personal Check	
_____ Cash	_____ Money Order						
_____ Debit Card	_____ Charge Card						
_____ Personal Check							

The following information must be attached:

Proof of payment:

- Attach Receipt **and**
 - Canceled Check
 - Copy of Credit/Debit Card Statement
 - Copy of Money Order
 - Receipt if paid by Cash – make sure it is **noted on the receipt**

Note: if proof of payment is not attached, paperwork will be returned which will delay processing.