

**Appalachian Mountain Club
Delaware Valley Chapter**

Send to:
Lennie Steinmetz
1180 Greenleaf Drive
Bethlehem, PA 18017-9319
E-mail: leadership@amcdv.org

Training Reimbursement Request

Payable to:	_____	Receipts Attached?		Submitted By:	_____
Mail to:	_____	Yes	No	Approved By:	_____
Telephone:	_____			Total:	\$0.00

Course Description (1 course per line)	Completion Date	Course Fee	Reimbursable Amount	Receipts Attached (Y or N)	Treasurer's Use only
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		Check Number:

Instructions:

- 1 Reimbursement is described in the Policy, Delaware Valley Chapter Training Reimbursement Program, available on the Chapter Website, www.amcdv.org. Eligible courses are those listed in the Policy.
- 2 Items eligible for reimbursement are course fees, including registration and relevant lodging costs. Travel and meal expenses are excluded unless included in the registration fee.
3. The reimbursement rate is 50% of course fees, not to exceed \$150.00 for each course. As of 2/15, a _____ s pilot program will allow up to \$300 compensation for qualified leaders taking WFA (see details on Chapter Website).
- 4 To be eligible for reimbursement, requirements of the Program (including Lead, Co-Lead, or Participate) must be completed within one-year before or after the date of training completion.
- 5 Documentation to substantiate the amount of the Course Fee should be included. Examples include receipts, copies of canceled checks (with account numbers blacked out), credit card statements (with account numbers blacked out)
- 6 Payments must be authorized by the Leadership Chair. Completed form should be sent to the Leadership Chair for approval (leadership@amcdv.org).
- 7 Requests for Training Reimbursement may be sent by U.S. Mail or scanned and e-mailed to the Leadership Chair at the above address.