

# Federal Programs Partial Reimbursement Agreement

Please enter below the pertinent information concerning partial reimbursement.

**School:** \_\_\_\_\_

**Conference:** \_\_\_\_\_ **Request #:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Administrator/Consultant Signature**

\_\_\_\_\_  
**Date**

**Conference Attendees' Signatures**

**Date**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Approved form must be attached to attendee's expense voucher.**