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**Workshop Reimbursement Form**

**Chicago IL | September 25 – 28, 2024**

|  |  |
| --- | --- |
| Name: |  |
| AddresS |  |
| Session # |  |
| Day |  |
| Time |  |
| Room |  |
| Capacity |  |

Workshop speakers are expected to provide **handouts and manipulatives** for participants and will be reimbursed for the cost of these items up to the maximum amount calculated below. Requests are due to NCTM **no later than October 28, 2024.** All reimbursements will be made **after** the conference. **One** reimbursement will be processed per workshop. Refer to the meeting room capacity chart on the speaker information page to compute your maximum reimbursement amount.

**The maximum reimbursement amount is $2.00 per participant up to the total seating capacity.**

Items that **do not** qualify for reimbursement include USB drives, posters, shipping/baggage costs from the conference, books, giveaway items, door prizes, tips, and promotional materials.

|  |
| --- |
| **Please itemize – NO request will be processed without receipts.**  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL**  | $ |

|  |  |
| --- | --- |
| **Signature:**  |  |

**NCTM Use Only**:

Voucher:

Date:

Invoice Date:

Description:

Amount:

Account: 1 513-800

Approval/Date:

Return the completed form with receipts

**by October 28, 2024,** to:

National Council of Teachers of Mathematics

Attn: Regional Conferences

1906 Association Drive

### Reston, VA 20191-1502

**Or by Email:** **ConferencesDept@nctm.org**