



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 May 6, 2019**. 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 the original receipts.

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$

Signature: _____

Return the completed form with receipts
by May 6, 2019 to:

National Council of Teachers of Mathematics
Attn: Annual Meeting
1906 Association Drive
Reston, VA 20191-1502

NCTM Use Only:
Voucher:
Date:
Invoice Date:
Description:
Amount:
Account: 1 8102 000 046 7760
Approval/Date: