

# DISTRICT ASSOCIATION LEADERSHIP MEETING

## REIMBURSEMENT REQUEST

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**DISTRICT ASSOCIATION**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**MEETING DATE**

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**LOCAL ASSOCIATION**

NAME                      OFFICE

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**AMOUNT DUE TO DISTRICT**

**\$ 14.00** x \_\_\_\_\_ = \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

TOTAL ATTENDING REIMBURSEMENT DUE DATE

**Please return reimbursement check to the following person:**

----- / -----

NAME STREET & NUMBER OR BOX & ROUTE

----- / -----

CITY STATE ZIP CODE

----- ( ) -----

District President's Signature Phone Number

*This form should be submitted to the KRTA office to request reimbursement for a maximum of five (5) persons from each local association attending the District Leadership Meeting held following the KRTA Executive Council Meeting—maximum four (4) meetings per year. The local president, president-elect, and chairpersons of the Membership, Health & Insurance and Legislative Committees should attend the District Leadership Meetings.*