

REGISTRATION FEE REIMBURSEMENT AGREEMENT

TO: DIRECTOR OF FINANCE

FROM: _____

DATE: _____

RE: _____
Name of Conference/Workshop

I agree to reimburse Whitfield County Schools for any prepayment of conference/workshop fees, paid on my behalf, that I am unable to attend and that are not eligible for refund from said conference/workshop.

Employee Signature: _____

PLEASE ATTACH THIS FORM TO YOUR PURCHASE ORDER OR REQUEST FOR PAYMENT. PREPAYMENT OF REGISTRATION FEES WILL NOT BE HONORED UNLESS THIS FORM IS ATTACHED.