



Training Reimbursement Form

- Submit this form to NTHA to receive the appropriate training reimbursement. Address is NTHA, PO Box 7, Tunkhannock, PA 18657.
- This form is your proof of attendance at the following training session.
- Please make sure it is filled out completely and signed by the leader before you leave the training session. Form must be submitted for reimbursement within 60 days of training.
- For reimbursement of non-NTHA, SFI, or GOL training, prior approval is needed. Proof of payment must accompany reimbursement request. Reimbursement will be 50% up to \$100 per participant.
- Reimbursement from NTHA will be paid to participant after 30 days.

Member to receive reimbursement: _____
Company or Individual Name

Mailing Address City, State, PA

Training Attendees: _____

Training Session Title: _____

Training Session Date: ____ - ____ - ____

Training Session Location: _____

Training Session Hours: ____ Hours

Training Session Fee Paid: \$ _____ Reimbursement to be paid: \$ _____

Training Session Instructor: _____

Instructor's Signature