



## 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