

2018 EDUCATIONAL FUND REIMBURSEMENT FORM

Name: _____

Address: _____

Email: _____

Up to:

National/Brevet Course: \$175.00 Receipt Amount _____

Optional Written Exam: \$ 25.00 Receipt Amount _____

Optional Film Exam: \$ 25.00 Receipt Amount _____

JO Code of Points: \$ 71.19 Receipt Amount _____

XCEL Code of Points: \$ 71.05 Receipt Amount _____

Extra Benefit \$ 75.00 Receipt Amount _____

TOTAL: _____

Once you have TESTED and PURCHASED ALL MATERIALS, submit this completed form with ALL RECEIPTS to by **December 31, 2018** to Sue Woloszyk (IL NAWGJ Financial Assistant). If you do not send in *your form* with receipts by the deadline it will result in forfeiture of these benefits. Mail this form and receipts to:

Sue Woloszyk
415 Horizon Drive West
Saint Charles, IL 60175

If you email the receipts they must be sent *ALONG WITH THIS FORM* and must be in a JPEG or PDF format. Incomplete submissions on the deadline date may result in forfeiting your benefit.