

Sylvan Educators Association

Conference/class Reimbursement Request Form

Date: _____

You may apply for the following:

Up to \$200.00 – Conference/Class

Cost of Substitute is not covered.

Complete the form and send to: SEA Treasurer
Rebecca Marshall
P.O. Box 577798
Modesto, CA 95357

For the '26-'27 school year, requests must be postmarked **no** earlier than July 1, 2026. All receipts for reimbursement must be submitted by June 30, 2027.

- Funds are only available for SEA members
- Reimbursements will be disbursed until funds from the budgeted amount are expended.
- One Conference per school year (per member) up to \$200.00.
- Please submit a receipt of payment with this form. (must show that you made the payment)
- This is for reimbursement, not prepayment of funds.

NAME _____ SCHOOL _____

HOME ADDRESS _____

ZIP CODE _____ HOME PHONE # _____

EMAIL _____

CONFERENCE NAME _____

SPONSOR _____

CONFERENCE DATE _____ REGISTRATION COST _____

OTHER EXPENSES _____