



Request for Educational Reimbursement

Name of Professional: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Name: _____ Event Date: _____

Host Organization: PSA _____ USFS _____ ISI _____

Event Location: _____

Purpose/Focus: _____

Total amount submitted for reimbursement: _____

A copy of *all* receipts for the above amount must be provided. In addition, please provide a copy of the event affidavit.

Approval signature of Skating Director: _____

2015-2016 Louisville Skating Academy Educational Reimbursement Policy: LSA Professionals will be reimbursed 50% per event up to a maximum amount as set at the beginning of the year. The maximum reimbursement per professional for the 2015-2016 year is \$250. LSA reserves the right to deny reimbursement to any professional who is in breach of LSA policies. LSA reserves the right to change this policy at any time. Requests for educational reimbursement must be submitted within 30 days of the event.

Reimbursement requests should be mailed to:

Rebecca Hatch-Purnell
2211 Homewood Drive
Louisville, KY 40223