



NORTHEASTERN ASSOCIATION OF FORENSIC SCIENTISTS

TRAINING SCHOLARSHIP FUND

REIMBURSEMENT APPLICATION

Instructions: To be completed upon successful completion of the workshop/meeting approved for reimbursement.

Applicant Information

First Name: _____ Last Name: _____
 Organization/Agency: _____
 Street: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ E-Mail: _____

Training Information

Course Title: _____
 Sponsor/Host Organization: _____
 Meeting Dates & Times: _____
 Location: _____ Travel Dates & Times: _____
 Instructor/Organizer: _____
 Phone: _____ Fax: _____ E-Mail: _____

*If applicable, provide proof of attendance and successful completion by attaching a certificate to this form.

NOTE: Each applicant must write a 1000-word (minimum) course summary to accompany this form. Applicants awarded full or partial workshop reimbursement will have their course summaries published in the NEAFS Newsletter. The preferred format is a Microsoft Word document. Reimbursement applications submitted without a course summary will be considered incomplete and ineligible for reimbursement.

Reimbursement Information

Expense(s) Incurred: _____

*Applicants must provide proof of payment for each expense listed on this application.

Will you be reimbursed by your agency or any other non-NEAFS related entity for any expenses incurred as a result of attending the above training? Yes No

If "Yes", provide funding agency and amount: _____

FOR OFFICIAL USE ONLY: Reference #: _____ Date Received: _____ Initials: _____