

InHome Conference - Reimbursement Form

Make payable to:	
Address:	
City, State ZIP:	
Phone:	Email:
InHome Website Username:	

____ Check here, if you prefer to receive a tax deduction receipt letter in lieu of payment. Thank you!

	Supply Reimbursement	
Workshop*/Other	Description - Please itemize all expenses, supplies	Amount
	Total	

Registration	
Total registration fees	
Amount waived	
Amount paid	

Hotel	
# of nights _____ cost per night _____	Total
Amount waived	
Amount paid	

All receipts must be attached.

Please make a copy of this completed form and all receipts to keep for your records.

Attach a separate sheet if the tables are too small.

To print a registration receipt to attach here, log in to the InHome website. In the My Account section, click the Orders tab. Click on the order number, and click the link at the bottom to open a printable invoice.

*For workshop presenters, reimbursement is set by the terms of your contract.

Remit to: Susan Calozzo, HECF Treasurer - 1021 E. 46th St. #3N Chicago, IL 60653