



Webinar Education Reimbursement Request

This form must be completed and returned to the Chapter within 30 days of completion. Please return to the Chapter by fax 360-759-3196, email, or mail to:
Southwest Washington Chapter of Credit Unions
Attention: Angela Simmons
PO Box 1739
Vancouver, WA 98668-1739

Name: _____ Title: _____

Credit Union: _____

Address: _____

Phone: _____ Email: _____

Webinar Attended: _____

Date: _____ Location: _____

Webinar Cost: _____

Amount Requested _____

of Participants: _____

Participant: _____ Date: _____
(Sign)

Chapter/
Program Rep.: _____ Date: _____
(Sign)

If you should have any questions regarding your award or the reimbursement please contact Angela D. Simmons at angelas@iQcu.com or 360.992.4228.