

**If DESE Meeting Host*

Location of meeting/event: City: _____ State: _____

Date(s) of meeting/event: (Month/Day/Year) _____ (Month/Day/Year) _____

Send invoice to: Organization _____
Attention: _____
Street _____
City, ST, ZIP _____

(Last Name, First Name)
Person(s) _____
Attending: _____

provide the following information:

Reimbursement" DESE usually sends a "Substitute Pay for Meetings/Hotel