L CHAPTER LICENSE DELIVERY EXPENSE FORM

All requests must be submitted no later than 30 days after the expense.

ORIGINAL RECEIPTS & BACKUP REQUIRED OR FORM WILL BE RETURNED

COURSE NAME, DATE & LOCATION _____

MAKE CHECK PAYABLE TO: _____

*(Tax ID or SSN required if over $600): _____

Mail check to:

Attention: _____

Address _____

City _____ State _____ Zip _____

Code	Expense	Amount
	TOTAL REQUEST	

PLEASE CHECK ONE

☐ Expense is within License Delivery Approved Budget

☐ Expense is outside License Delivery Approved Budget (Additional Approvals May Be Required)

Submitted By: _____

VP of LD Approval: _____

Date Submitted: _____

Please submit completed form with backup via email to the FL CCIM VP of Finance. Please note checks are processed on or about the 1st and 15th of each month.