NCBA Enrollee Training/Conference Authorization and Payment Request

ENROLLEE INFORMATION	
Name	
Office Phone Number	

It is the responsibility of the Enrollee to register for the training/conference.
Please attach documentation or other information related to the training/conference.

PAYMENT REQUEST	
Training/Conference	
Date(s)	
Location	
Contact Phone	

Check Appropriate Box	☐**Vendor Will Bill** ☐**Bill Attached** ☐**Paid Receipt Attached** ☐**Pay in Advance**

Amount Due	
Payment Due Date	
Make Check Payable To	
Address	

Description of Training	

Send Completed Form	*Mail to*	*or*	*Fax to*
	NCBA/SEE Program		**NCBA/SEE Program**
	1220 L Street NW, Suite 800		**(202) 783-5430**
	Washington, DC 20005		

Payments require approximately fourteen (14) business days from date of receipt to process.
Please submit requests in a timely manner.

APPROVALS

I authorize the enrollee referenced to attend the training/conference as listed above and confirm that sufficient funding is available for this expenditure.

_____

Monitor Signature

_____

Monitor Name (Please Print)

_____ _____

SEE Program Director Signature **Date**