REWARDS REDEMPTION REQUEST FORM

Name:			
Agency:			
Address:			
Telephone:			
E-Mail:			
provide a copy of Columbia Chapte prior to the even reuse my reward	f the class certificate, receip er for the Rewards money 1 t I have received funds for,	t or attendance form as have received. If, for I will return the reimbu as it falls within the ca	Chapter NIGP Rewards program. I will proof of my attendance or I will reimburse any reason, I must cancel my attendance rsement back to the Past President I may alendar year in which it was awarded, and
Signature:			Date:
I wish to use my	Columbia Chapter Rewards	to attend the following	Columbia Chapter/NIGP function:
Columbia Cha	pter 🗌 NIGP		
Date(s):			
Name of the Eve	nt:		
Location:			
Cost: \$	A	mount Requested: \$	
Check made out	to:		
Mailed to:			
Submit completed form to the Columbia Chapter Past President:			
Approved by:		Date:	Amount \$: