

PRODUCTIVE LIVING BOARD
EDUCATION/ TRAINING PROGRAM INVOICE

Agency Name: _____

Amount to be reimbursed: _____

Name of Seminar/Conference Attended: _____

Attendees: _____

Attached is the following information required by the PLB for payment (please check):

- Documentation of paid registration fees
- Written evaluation of conference on PLB Conference Evaluation Forms



Prepared By Print Name Date Phone Number

I hereby certify that the expenditures reported here in are true and correct to the best of my knowledge and belief.

Authorized Signature Print Name Title Date



FOR PLB USE ONLY

Payment: Approved Not approved

Signature Print Name Title Date