William W. Winpisinger Education & Technology Center Attn: Baggage Reimbursement 24494 Placid Harbor Way Hollywood, MD 20636



## **Baggage Reimbursement Form**

Before completing this form please determine whether or not your baggage fee is reimbursable.

Reimbursable	Any fee an airline charges for a participant's first checked bag.	
Not reimbursable	Any fees for second or third checked bags. Any fees for bags checked by a guest(s) of a participant. Any fees for overweight baggage	

To be Completed by Participant Only
Attach Original Receipts to this Form and Mail to the Address Above
This Form must be post marked within 30 days of the program ending date.

Participant Name					
Card/Book Numb	oer				
Local Lodge	ocal Lodge District Lodge				
Class Name					
	Send Baggage Fe	ee Reimbursement (Circle	One): Local Lodge District Lodge		
Location of Lodge or District					
Total Baggage Fee (attach both receipts):					
** <u>Mandatory/Must sign form</u> **					
	(Signature)				
*Baggage Fee reimbursement once submitted will be approximately three weeks*  *********************************					
REIMBURSEMENT		VERIFIED	SENT TO HQ		
98833-0350-5 U.S.	98831-0350-5 CANADIAN	METHOD	CALCULATIONS		
APPROVAL:		TOTAL	\$		