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 Number _____

Local _____ District_____

Class Name _____

Dates Attending Class _____

Send Baggage Fee Reimbursement **(Circle One)**: Local District

Location of Local or District _____

Total Baggage Fee (attach both receipts): _____

****Mandatory/Must sign form****

_____
(Signature)

Baggage Fee reimbursement once submitted will be approximately three weeks

**************************DO NOT WRITE BELOW THIS POINT********************
FOR OFFICE USE ONLY

REIMBURSEMENT	VERIFIED _____	SENT TO HQ _____
98833-0350-5 U.S. 98831-0350-5 CANADIAN	METHOD	CALCULATIONS
APPROVAL:	TOTAL	$