

North Central Ohio Education Association  
GUIDELINES FOR LOCAL ASSOCIATION  
INSERVICE PROGRAM REIMBURSEMENT

Once each school year, the North Central Ohio Education Association will reimburse local association up to one dollar (\$1.00) per member, based on the previous year's membership as listed by the Ohio Education Association, for in-service programs, if the following requirements are met:

Planning for the in-service program(s) should be in conjunction with the NCOEA affiliated local, and teachers should be involved in the planning process.

Application for the reimbursement money should be made by the president of the affiliated local. The application shall be made prior to April 30 of said year.

Written and/or oral credit of NCOEA's financial reimbursement should be part of the in-service(s).

Reimbursement will not exceed the total cost of the in-service(s) for the year. The check will be payable to the local association only. No checks will be made payable to individuals or to boards of education.

Application for payment MUST be on the NCOEA expense voucher form (found on the NCOEA website at <http://ncoea.ohea.org>) for in-service reimbursement. It MUST be signed by the local association president.

Reimbursement forms must be returned by April 30 to:

Becky Cashell  
NCOEA Executive Secretary/Treasurer  
236 Holiday Hill  
Lexington OH 44904  
Becky.cashell@yahoo.com

**NORTH CENTRAL OHIO EDUCATION ASSOCIATION**

**Voucher Sheet for In-service Reimbursement and In-service Questionnaire**

Local Association: \_\_\_\_\_

Date of In-Service: \_\_\_\_\_ Local President: \_\_\_\_\_

In-Service topic/contents: \_\_\_\_\_

Presenters/Speakers (if any): \_\_\_\_\_

Approximate Attendance (or average for more than one program): \_\_\_\_\_

Did you or teachers from your local association have input in the planning of this in-service program?  
\_\_\_\_\_ yes      \_\_\_\_\_no

In what ways did you (or the administration) include teachers in the planning process?

\_\_\_\_\_  
\_\_\_\_\_

Total Expense: \$ \_\_\_\_\_ (Reimbursement will not exceed one dollar (\$1.00) per NCOEA member based on the previous year's membership. The check will be made payable to the local association only.)

The check should be mailed to: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

If other local associations participated in the in-service program(s), please list them.

\_\_\_\_\_

As a local president, I certify that the \_\_\_\_\_ Association has designed, approved and/or implemented an in-service program to meet its perceived needs. I further certify that the information on this form is accurate.

Signature of local president: \_\_\_\_\_ Date: \_\_\_\_\_

**See Guidelines on Page 1 of the Form.**