

# l i g h t e l e g a n c e Education Expense Record

Dates of Expenses: \_\_\_\_\_

Educators Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____		Phone Number: _____ Educator Level: _____ Invoice #: _____ Invoice Total: _____ Total Expenses: _____	
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Explanation of Expenses: Class Registration forms must accompany this expense form.

Class, Show or Detailing Record:

Where	When	How Many in Attendance	Salon Name	Address and Phone Number	Rate per Class	Total Fee for Class

Lodging (room and tax): _____ Meals (not to exceed \$25 per day): _____ Transportation (taxi, shuttle, or miles x \$0.32) : _____	
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<b>Total Expenses:</b>	
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Receipts must accompany all lodging expenses, meals, taxi and shuttle expenses. All airline tickets will be purchased through McConnell Labs

**1 0 1 0 T y i n n S t . , S u i t e 1 9 E u g e n e , O R 9 7 4 0 2**  
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