

Kings/Tulare UniServ Unit, Inc./CTA/NEA

Program Reimbursement Guidelines

2025-2026

Reimbursement Request must be received within 30 days of the event.

Please follow these steps to receive reimbursement:

1. Complete the reimbursement form on the opposite side.
2. Three officers must sign the form.
3. Attach valid receipts. (Receipts must be from a licensed business. Handwritten receipts will NOT be accepted.)
4. Attach Sign-in-sheet and Agenda from the event.
5. Submit documents to the KTUU Office at 301 W. School Ave, Visalia, CA 93291 or scan and email to kristi@ktuuvisalia.org
6. Once the reimbursement request is approved and processed, we will mail a check to your Association treasurer.

New Association/CTA Member Welcome Program

Covered Expenses: KTUU will reimburse \$25.00 per new Association/CTA Member up to a maximum of \$1,500 per Association, per year, and will only cover expenses pertaining to the event, i.e. meals, decorations.

Expenses NOT Covered: Gift Cards, Mileage, Hotel Rooms, or Alcohol

Association/CTA Member Engagement Program

Covered Expenses: KTUU will reimburse \$25.00 per Association/CTA Member up to a maximum of \$3,000 per year, and will only cover expenses pertaining to the event, i.e. meals, decorations.

Expenses NOT Covered: Gift Cards, Mileage, Hotel Rooms, or Alcohol

Day of the Teacher & ESP Appreciation

Covered Expenses: KTUU will reimburse \$5.00 per Association/CTA Member. **The only Association that can participate in the ESP Appreciation is Central Union Classified EA.**

Expenses NOT Covered: Gift Cards, Mileage, Hotel Rooms, or Alcohol

Reimbursement Form

2025-2026

Please check the box next to the event that you are requesting reimbursement.
(only one event per form)

- ☐ New Association/CTA Member Welcome Program
- ☐ Association/CTA Member Engagement Program
- ☐ Day of the Teacher
- ☐ ESP Appreciation (Central Union Classified EA only)

Reimbursement Amount Requested: \$ _____

Name of Chapter: _____

President's Name: _____

President's Signature: _____

Secretary's Name: _____

Secretary's Signature: _____

Treasurer's Name: _____

Treasurer's Signature: _____

Vice President's Name: _____

Vice President's Signature: _____

Kings/Tulare UniServ Office Use Only

CTA Staff Signature: _____

Date: _____

Within 30 days, please send completed form, sign-in sheets, agendas, and receipts to the Kings/Tulare UniServ Office at 301 W. School Ave., Visalia, CA 93291 or scan and email to kristi@ktuuvisalia.org

Contact Kristi via email or call (559) 733-7706 if you have questions.