



Business Training Reimbursement Request Form

For certain **pre-approved** business training opportunities, Main Street Enid will **reimburse \$10** of the class, workshop or training fee for **one representative to attend from a Partner business**. Reimbursements must be requested within 30 days of the training attended.

Date of reimbursement request: _____

Date(s) of class, workshop or training: _____

Name of class, workshop or training: _____

Name of attendee: _____

Name of Member business: _____

Address to mail reimbursement: _____

Requestor's signature: _____

Please mail this to:

Main Street Enid
PO Box 3001
Enid, OK 73702

Or e-mail to:

kelly@mainstreetenid.org

Unsure if you're a Partner? E-mail:

stela@mainstreetenid.org

**Thank you for continuing to learn
and for being a Partner of Main Street Enid!**

