

Request for Reimbursement of Checked Baggage Fees



Participant _____

Address: _____

Phone Number: _____

Email Address: _____

(In the event we need to contact you regarding your submission)

JATC: _____

Program/Class attended: _____

Travel dates: _____

* Reimbursement will be made only for the 1st checked bag at standard weight of your departure AND your return flight. Overweight and excess baggage fees will not be reimbursed.

****Original receipts/tickets must be submitted with this report in order to receive reimbursement.**

Please return this form, along with your ORIGINAL receipts, to:

INTERNATIONAL TRAINING INSITUTIE
ATTN: Baggage reimbursement
601 N. Fairfax Street, Suite 240
Alexandria, VA 22131