

CNCF Meetup Reimbursement Request

Please Print Name: Mailing Address:		· ·
Phone: Email Address:		· ·
Date of Global Meetup	Location of Global Meetup	Total Cost (maximum \$250 USD)
Reimbursement will be made in US Dollars using on Please allow 30 days from date of receipt for reimber A copy of all receipts must be attached as one PDI Residents of the United States will be reimbursed I	oursement. F file.	
Signature & Date		
Approved by Brett Preston on (Date)		
below. Further, I agree not to hold Cloud I or incomplete information supplied by my f funds to my account. This agreement will cancellation from my financial institution, c	g Foundation to initiate wire payments to my account at the financi Native Computing Foundation responsible for any delay or loss of financial institution or due to an error on the part of my financial ins remain in effect until Cloud Native Computing Foundation receives or until I submit a new wire payment form to Cloud Native Computir	funds due to incorrect stitution in depositing s a written notice of ag Foundation.
ADDRESS ON BANK ACCOUNT:		
Your Bank Information: Beneficiary Bank Name:		
International Routing (SWIFT) Code:		
Your Account Number:		
Intermediary Bank Name (if applicable):		
Intermediary Bank ABA Routing Number:		

Printed Name: _