

AOCOPM REQUEST FOR REIMBURSEMENT

Notes: (1) All other speaker materials should be submitted before filing this form. (2) This form must be completed <u>prior</u> to any checks being issued to individuals.

Address:	Payee:	Date:	
City: State: Zip	Office Number:	Fax:	
Airfare: \$	Mobile Number:	Email:	
Date of Meeting/Event:	Address:		
Purpose of Reimbursement:	City:	State:	Zip
Social Security No. (if paid to an individual):	Date of Meeting/Event:		
Tax ID No. (if paid to a corporation):	Purpose of Reimbursement:		
Honorarium (\$400 for one hour or \$575 for two lectures \$	Social Security No. (if paid to an indivi	dual):	
Expenses (receipts above \$25 must be attached): Airfare: \$(attach receipt) (21-day advance, coach airfare - Not to exceed \$800 unless pre approved) Mileage @ current Fed. Rate:	Tax ID No. (if paid to a corporation):		
Approved) Mileage @ current Fed. Rate:miles xe per mile = Lodging: \$(attach receipt) (One night at Meeting/Conference hotel rate) One Day Per Diem at Current Standard M&IE Rate: Other pre-approved travel expenses: \$(attach receipts) Program Chair must approve variances. Chair Signature: Please list and total: Total Honorarium: \$* Total Expenses: \$* Total Reimbursement: \$* I hereby declare the information provided above to be true and correct.	Honorarium (\$400 for one hour or \$575	5 for two lectures \$	_
Approved) Mileage @ current Fed. Rate:miles xe per mile = Lodging: \$(attach receipt) (One night at Meeting/Conference hotel rate) One Day Per Diem at Current Standard M&IE Rate: Other pre-approved travel expenses: \$(attach receipts) Program Chair must approve variances. Chair Signature: Please list and total: Total Honorarium: \$* Total Expenses: \$* Total Reimbursement: \$* I hereby declare the information provided above to be true and correct.	Expenses (receipts above \$25 must be a	attached):	
Lodging: \$(attach receipt) (One night at Meeting/Conference hotel rate) One Day Per Diem at Current Standard M&IE Rate: Other pre-approved travel expenses: \$ (attach receipts) Program Chair must approve variances. Chair Signature: Please list and total: Total Honorarium: \$ * Total Expenses: \$ * Total Reimbursement: \$ * I hereby declare the information provided above to be true and correct.		h receipt) (21-day advance, coach airfar	re - Not to exceed \$800 unless pre-
One Day Per Diem at Current Standard M&IE Rate: Other pre-approved travel expenses: \$ (attach receipts) Program Chair must approve variances. Chair Signature: Please list and total: Total Honorarium: \$ * Total Expenses: \$ * Total Reimbursement: \$ * I hereby declare the information provided above to be true and correct.	Mileage @ current Fed. Rate:	miles x¢ per mile	=
Other pre-approved travel expenses: \$ (attach receipts) Program Chair must approve variances. Chair Signature: Please list and total: Total Honorarium: \$ * Total Expenses: \$ * Total Reimbursement: \$ * I hereby declare the information provided above to be true and correct.	Lodging: \$(attac	h receipt) (One night at Meeting/Confer	ence hotel rate)
Program Chair must approve variances. Chair Signature: Please list and total: Total Honorarium: Total Expenses: Total Reimbursement: \$* Thereby declare the information provided above to be true and correct.	One Day Per Diem at Current Standa	ard M&IE Rate:	
Please list and total: Total Honorarium: \$ * Total Expenses: \$ * Total Reimbursement: \$ * I hereby declare the information provided above to be true and correct.	Other pre-approved travel exp	enses: \$ (attach receipts)	
Total Honorarium: \$ * Total Expenses: \$ * Total Reimbursement: \$ * I hereby declare the information provided above to be true and correct.	Program Chair must approve varian	ces. Chair Signature:	
Total Expenses: \$* Total Reimbursement: \$* I hereby declare the information provided above to be true and correct.	Please list and total:		
Total Reimbursement: \$* I hereby declare the information provided above to be true and correct.	Total Honorarium:	\$	*
I hereby declare the information provided above to be true and correct.	Total Expenses:	\$	*
	Total Reimbursement:	\$	*
Signature:	I hereby declare the informa	ation provided above to be true and co	rrect.
	Signature:		

Mail with receipts to: AOCOPM, 14301 Oxford Dr, Edmond, OK 73013 or **ronda@aocopm.org** (800) 558-8686 ● Fax (888) 932-3535 <u>www.aocopm.org</u>