



*(Please make a copy of this blank for your future use)*

## **AOCOPM REQUEST FOR REIMBURSEMENT**

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

Payee: \_\_\_\_\_ Date: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Meeting/Event: \_\_\_\_\_

Purpose of Reimbursement: \_\_\_\_\_

Social Security No. (if paid to an individual): \_\_\_\_\_

Tax ID No. (if paid to a corporation): \_\_\_\_\_

Honorarium (Must be pre-approved by program Chair) \$ \_\_\_\_\_ Program Chair Initials \_\_\_\_\_

Expenses (receipts above \$25 must be attached):

Airfare: \$ \_\_\_\_\_ (attach receipt) *Note: 21-day advance, coach airfare -Not to exceed \$500 unless pre-approved*

Mileage @ 50¢ per mile: Total mileage: \_\_\_\_\_ x50¢ per mile = \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_ (attach receipt) *(One night at Meeting/Conference hotel rate)*

Other: \$ \_\_\_\_\_ (attach receipt) *Pre-approved only*

**Please list and total:**

Total Honorarium: \$ \_\_\_\_\_ \*

Total Expenses: \$ \_\_\_\_\_ \*

Total Reimbursement: \$ \_\_\_\_\_ \*

*\* Per Reimbursement Policy 12/10*

**I hereby declare the information provided above to be true and correct.**

**Signature:** \_\_\_\_\_

Mail with receipts to: AOCOPM; P.O. Box 3043; Tulsa, OK 74101-3043  
(800) 558-8686 • Fax (918) 561-1431 [www.aocopm.org](http://www.aocopm.org)