



## 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: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

Social Security No. (if paid to an individual) or Tax ID No. (if paid to a corporation). REQUIRED to file 1099,  
so must not be omitted: \_\_\_\_\_

Honorarium (\$400 for one hour or \$595 for two lectures) \$ \_\_\_\_\_

Expenses (**attach receipts, except for food**):

Airfare: \$ \_\_\_\_\_ (attach receipt) *(21-day advance, coach airfare - **Not to exceed \$800**)*

Mileage @ current Fed. Rate: \_\_\_\_\_ miles x \_\_\_\_\_ ¢ per mile = \_\_\_\_\_  
Lodging: \$ \_\_\_\_\_ (attach receipt) *(1 night at hotel rate. Second night if lecture  
schedule makes necessary and must be pre-approved by current program chair. )*

\$100 per day food reimbursement for two days for both one and two lectures (only one day if food  
provided at conference): \_\_\_\_\_

Other pre-approved travel expenses (e.g., parking): \$ \_\_\_\_\_ (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.**

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

Mail with receipts to: AOCOPM, 14301 Oxford Dr, Edmond, OK 73013 or [ronda@aocopm.org](mailto:ronda@aocopm.org)  
(800) 558-8686 • Fax (888) 932-3535 [www.aocopm.org](http://www.aocopm.org)

Revised November 14, 2025