



## 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 (\$300 for one hour or \$500 for modules exceeding one hour) \$ \_\_\_\_\_

Program Chair must approve variances. Chair Signature: \_\_\_\_\_

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

Airfare: \$ \_\_\_\_\_ (attach receipt) (21-day advance, coach airfare - *Not to exceed \$750 unless pre-approved*)

Mileage @ 50¢ per mile: Total mileage: \_\_\_\_\_ x 50¢ 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 7/13*

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

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

Mail with receipts to: AOCOPM; 200 Volunteer Lane, Harrogate, TN 37752 or jeffrey@aocopm.org  
(800) 558-8686 • Fax (888) 932-3535 [www.aocopm.org](http://www.aocopm.org)