



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 \$800** unless pre-approved)*

Mileage @ 62.5¢ per mile: Total mileage: _____ x 62.5¢ 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, 14301 Oxford Dr, Edmond, OK 73013 or ronda@aacopm.org
(800) 558-8686 • Fax (888) 932-3535 www.aacopm.org