



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

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 (\$400 for one hour or \$575 for two lectures) \$ \_\_\_\_\_

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: \_\_\_\_\_ miles x \_\_\_\_\_ ¢ 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.**

**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)