

**Colorado State Chapter P.E.O.
Expense Reimbursement Request (for Board & Committees)**
(Convention Expense Reimbursement requires a different form)

Executive Board
Committee

Member's Name _____

Address _____

Transportation	_____		\$ _____
	_____	miles @ \$0.58/mile =	\$ _____
Tolls	_____		\$ _____
		Sub-total	\$ _____
Lodging	_____		\$ _____
Meals and tips	_____		\$ _____
Postage	_____		\$ _____
Printing	_____		\$ _____
Supplies	_____		\$ _____
Other	_____		\$ _____
		Total Amount Due	\$ _____

Attach all receipts. Documentation (Map Quest or Google map) must be included to verify mileage.

Choose only one expense type:

Committee Expense – **approved by committee chair > sent to CO state president**

EBM LEAD COTTEY Seminar PSP pin Other
Membership Summit

I certify that all items included on this expense sheet were and/or will be used for P.E.O. business and any personal use is nominal and insubstantial. Receipts, bills or similar documentary evidence of charges are attached to support reimbursement of such business expenses.

Signed _____ Date _____

Approved by _____ Date _____

Acct No. _____ Check No. _____ Debit Card _____