



**ATPE**<sup>TM</sup>  
Your Ally. Your Voice.

**Region 4 ATPE  
Reimbursement  
Request**

Date Submitted \_\_\_\_\_

Person Submitting Request \_\_\_\_\_

Event \_\_\_\_\_ Date of Event \_\_\_\_\_

**Expense Category (Receipts must accompany all reimbursement requests.):**

- |                               |  |                              |
|-------------------------------|--|------------------------------|
| _____ <b>The Summit</b>       | _____ <b>Donation (ATPE Functions)</b>     | _____ <b>Postage</b>         |
| _____ <b>Fall Meeting</b>     | _____ <b>Executive Committee Meetings</b>  | _____ <b>Spring Assembly</b> |
| _____ <b>Check Reissue</b>    | _____ <b>Promo Items/Gifts/Door Prizes</b> | _____ <b>Office Supplies</b> |
| _____ <b>Lobby Day</b>        | _____ <b>Leadership Team Meetings</b>      | _____ <b>Comm. Meetings</b>  |
| _____ <b>Special Projects</b> | _____ <b>Scholarships/Grants</b>           | _____ <b>Regional Rep</b>    |

**Travel Expenses:**

Hotel \_\_\_\_\_ X \_\_\_\_\_ nights = \_\_\_\_\_

Mileage to/from \_\_\_\_\_ miles X \$0.50 = \_\_\_\_\_

Meals (total and attach receipts) \_\_\_\_\_

Not to exceed:

\$10.00 Breakfast, \$15.00 Lunch, \$25.00 Dinner

Meals covered through event registration are not reimbursable.

(ie: banquets, box lunches, breakfast, etc.)

**Other** (please explain reason for expense, total and attach receipt(s)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

**Less Amount Already Received:** \_\_\_\_\_

**Total Reimbursement Owed to:** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

For office use:

Paid Check # \_\_\_\_\_

Date \_\_\_\_\_

**Send reimbursement request and receipts to:**

**Shawn Mustain, Region 4 ATPE Treasurer, 12706 Muir Woods Trl, Humble TX 77346**