



ATPETM
Your Ally. Your Voice.

**Region 4 ATPE
Reimbursement,
Expenditure, and
Check Request**

Date Submitted _____

Person Submitting Request _____

Event _____ Date of Event _____

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

- | | | |
|--------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> The Summit | <input type="checkbox"/> Donation (ATPE Functions) | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Fall Meeting | <input type="checkbox"/> Executive Board Meetings | <input type="checkbox"/> Spring Assembly |
| <input type="checkbox"/> Check Reissue | <input type="checkbox"/> Promo Items/Gifts/Door Prizes | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Lobby Day | <input type="checkbox"/> Leadership Team Meetings | <input type="checkbox"/> Comm. Meetings |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Scholarships/Grants | <input type="checkbox"/> Regional Rep |
| <input type="checkbox"/> New/Reactivated Locals | <input type="checkbox"/> Membership Growth Assistance | |

Travel Expenses:

Hotel _____ X _____ nights = _____

Mileage to/from _____ miles X \$0.55 = _____

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 by:

Debit / Check # _____

Date _____

Scan reimbursement request/receipts and email to: Reg4ATPE@gmail.com

Include the subject line: Attn- Region 4 Treasurer