



ATPETM
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.):

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

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:
Stephanie Baker 18325 Cape Lookout Way Humble TX 77346**