

OFFICER AND COMMITTEE EXPENSE REIMBURSEMENT COVER FORM

NAME OF INDIVIDUAL: \_\_\_\_\_

POSITION OR COMMITTEE: \_\_\_\_\_

POSTAGE & SHIPPING {Post Office, UPS, Fed-Ex, mailing services, etc.} \_\_\_\_\_

PRINTING & COPYING {any copier or printer expenses} \_\_\_\_\_

TELEPHONE {use of any type of phone services, changeable to either  
local or long-distance telephone service providers} \_\_\_\_\_

SUPPLIES {envelopes, labels, etc. for your work or to repair items} \_\_\_\_\_

ADVERTISING & PUBLIC RELATIONS \_\_\_\_\_

CONVENTIONS, CONFERENCES, & MEETINGS (any cost for  
representing the A.C.P.C. at an event) \_\_\_\_\_

TRAVEL { including any other meals, mileage, tickets, parking, tolls, or  
lodging not related to a conference or meeting - i.e. taking care of  
a performer, meeting w/ a prospective member, or otherwise  
related to your committee} \_\_\_\_\_

OTHER (PLEASE DESCRIBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL TO BE REIMBURSED =====

TOTAL TO BE CLAIMED AS & GIVEN AS AN IN-KIND CONTRIBUTION \_\_\_\_\_

**PLEASE NOTE THAT CLEAR, LEGIBLE RECEIPTS [original or photocopy] OR A  
TYPED ITEMIZED LISTING SHOWING AMOUNTS & DATES WHEN EXPENSES  
WERE INCURRED ARE REQUIRED OR YOU WILL NOT BE REIMBURSED**

I declare that the expenses incurred are to my belief and knowledge true & correct

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SIGNATURE