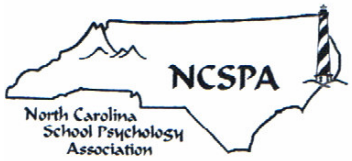

Request for Reimbursement of Expenses
(Submit within thirty (30) days of incurring the expense)

Payment to _____

Address _____

Send Form to:
Ken Sheldon , Treasurer
1033 Ridgemeadow Lane
Rocky Mount, NC 27803

Treasurer's Use Only:
Check # _____
Date Rec'd _____
Date Paid _____

Code Expense Category
1000 Fall Conference
1050 Summer Institute
OFFICERS
2000 President Operating
2010 President Discretionary
2020 President Elect
2030 Treasurer
2040 Secretary
2050 Past President
REPS/PROFESSIONAL PRAC
3000 Regional Activities
3010 Regional Reps
3050 Student Rep
3060 IUC Rep
3070 Professional Practice
LEGISLATIVE
4010 Legislative Committee
4020 Coalition
4030 Covenant for Children
7000 Lobbyist
PUBLIC INFORMATION
4040 Public Relations
4050 Promotional/Store Items
MEMBERSHIP
5000 Member Services
5005 Contract Services
5010 Newsletter
5030 Awards
5040 Web Site
5050 Historian
5060 Directory
BOARD ADMINISTRATION
6000 Board Operation
6030 Capital Expenditures
6040 Tax Prep & Review
6060 Bank Service Charges
NASP ACTIVITIES
8010 Children's Fund
8020 Conference Reception
8030 SE Regional
____ _____
____ _____
____ _____

Requested By _____ Date I attest that this is an accurate account of expenses incurred. Receipts are attached	Approved By _____ Date _____ Office/Committee Chair
Long-Range Goal 1. Advocate 2. Communications 3. Professional Development 4. Membership 5. Operations	**Mileage Expenses ($.40/Mile)** From: To: Miles _____ _____

Please use the appropriate code for each item. Record separately: travel, per diem/meals, lodging, copying, supplies, postage, equipment & miscellaneous.

Code	L-R Goal	Description	Amount
TOTAL			

Note: Receipts or bills must be attached for payment.