

NASCOE NON-TRAVEL EXPENSE CLAIM FORM

Name _____

Purpose of Expense _____

Expense (attach receipts) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of all expenses \$ _____

Expenses charged to NASCOE CC or advanced to you \$ _____

Total of all expenses requiring reimbursement \$ _____

Signature and Title _____

Attach receipts and email to jessi.colgrove@nascoe.org or submit an invoice through Veem to nascoetreas@gmail.com.

Indicate Reimbursement Preference Veem Check

Address you want check mailed to or email address used for Veem:

****NASCOE travel policy requires this form to be received by the NASCOE Treasurer within 6 months of travel date to be reimbursed****

Date Received _____ Date Paid _____ Check or Veem # _____

If claim is for a visit to a state convention and 2 NASCOE representatives spoke please furnish information below and copy of claim to the state for billing. States should make payment for half of each speaker's claim to NASCOE and submit to NASCOE Treasurer.

State of _____ is to reimburse NASCOE \$ _____

Remarks: _____