

# NASCOE TRAVEL ADVANCE CLAIM FORM

Name \_\_\_\_\_

Dates and Place to Visit \_\_\_\_\_

Purpose of Visit or Billing \_\_\_\_\_

Expense (Attach Receipts)

1. Airplane or Carrier \$ \_\_\_\_\_

2. Registration \$ \_\_\_\_\_

3. Insurance \$ \_\_\_\_\_

4. List Other Expenses \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total all Expenses Advanced** \$ \_\_\_\_\_

Signature and Title \_\_\_\_\_

Attach receipts and email to [jessi.colgrove@nascoe.org](mailto:jessi.colgrove@nascoe.org) or mail to Jessi Colgrove, 46070 SW 32<sup>nd</sup> Road, Odell, NE 68415

Indicate Reimbursement Preference      Veem       Check

Email address used for Veem \_\_\_\_\_

Address you want check mailed to:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*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: \_\_\_\_\_