

NASCOE EXPENSE CLAIM FORM

Your Name and Title \_\_\_\_\_

Meeting Attended \_\_\_\_\_

Flat Rate Amounts Not To Exceed (NTE) actual expenses for Alternate Execs, Area Committee Chairs, and Negotiation Consultants. Attendee is required to give a report at the attended function to receive the compensation.

CIRCLE ONE

National Convention

Area Rally

I CERTIFY THAT BY RECEIVING THIS TRAVEL EXPENSE COMPENSATION FROM NASCOE FOR MY ACTUAL EXPENSES NTE \$500, I WILL NOT BE RECEIVING MORE COMPENSATION FROM ALL SOURCES (NASCOE AND MY STATE AFFILIATE) THAN MY ACTUAL EXPENSES WERE FOR ATTENDING THE NATIONAL CONVENTION/AREA RALLY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Mail to:  
Curt Houk, NASCOE Treasurer  
21189 Highway 34  
Blakesburg, IA 52536

Please include below the address you want check to be mailed to:

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

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

DATE REC'D \_\_\_\_\_ DATE PD \_\_\_\_\_ CHECK # \_\_\_\_\_

I CERTIFY THIS ALT EXEC, AREA CHAIR, OR NEGOTIATION CONSULTANT GAVE A REPORT, ATTENDED REQUIRED FUNCTIONS AND IS ENTITLED TO THIS STIPEND.

\_\_\_\_\_  
AREA EXECUTIVE SIGNATURE

\_\_\_\_\_  
DATE