

NASCOE EXPENSE CLAIM FORM

Dates and Place Visited \_\_\_\_\_

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

Expense (Attach Receipts):

1. Mileage \_\_\_\_\_ mi x .58 = \_\_\_\_\_

2. Lodging \$ \_\_\_\_\_

3. Airplane or Carrier \$ \_\_\_\_\_

4. Meals \$ \_\_\_\_\_

(total from attached meal expense log)

5. List Other Expenses \$ \_\_\_\_\_

(Parking, registration, \$ \_\_\_\_\_

cab, tips, etc.) \$ \_\_\_\_\_

Total of all expenses \$ \_\_\_\_\_

Advance Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

Amt put on NASCOE credit card \$ \_\_\_\_\_ (or amount due NASCOE for any reason)

Total Amount Due \$ \_\_\_\_\_

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

Attach receipts and email to curt80houk@gmail.com or mail to Curt Houk, 21189 Highway 34, Blakesburg, IA 52536. Address you want check mailed to:

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

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

Date Recv \_\_\_\_\_ Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_

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:

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