

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.

CHECK 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 and Title _____

Mail to:

Jessi Colgrove, NASCOE Treasurer
46070 SW 32nd Road
Odell, NE 68415

email: jessi.colgrove@nascoe.org

Indicate Reimbursement Preference

Veem

Check

Please include below the address you want check to 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 Received _____ Date Paid _____ Check or Veem # _____

I CERTIFY THIS ALTERNATE EXECUTIVE GAVE A REPORT, ATTENDED REQUIRED FUNCTIONS, AND IS ENTITLED TO THIS STIPEND.

AREA EXECUTIVE SIGNATURE

DATE