

**NASCOE EXPENSE CLAIM FORM 2<sup>nd</sup> YEAR  
ALTERNATE EXECUTIVE**

Name \_\_\_\_\_

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

Flat Rate Amounts Not To Exceed (NTE) actual expenses for Second Year Alternate Executives to attend the National Convention. Attendee is required to give a report at the attended function to receive the compensation.

**National Convention \$750.00**

I CERTIFY THAT BY RECEIVING THIS TRAVEL EXPENSE COMPENSATION FROM NASCOE FOR MY ACTUAL EXPENSES NTE \$750, 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 32<sup>nd</sup> Road  
Odell, NE 68415

email: [jessi.colgrove@nascoe.org](mailto:jessi.colgrove@nascoe.org)

Indicate Reimbursement Preference      Veem       Check

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

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**