



Reimbursement Request

For explanations/guidelines, see Reimbursement Guidelines

Name _____
Address _____

Describe the type of activity in which you engaged (board meeting, exam, carryover activity, etc.)

Specialty/Committee _____
Dates of Activity _____
Location _____

Please Print or Type All Information

Date Expense Incurred						TOTAL
Transportation						
Air, Rail, Bus						
Car Rental						
Personal Auto @ .585/mil						
Taxi/Shuttle						
Parking/Tolls						
Transportation Total						
Lodging	Hotel Room Cost (if not paid directly by ABPP)					
Meals	Breakfast (Include tips)					
	Lunch (Include tips)					
	Dinner (Include tips)					
Per Diem Total						
Phone/Postage						
Other: Explain on extra sheet						
Total						

Signature _____ Date Submitted _____
Telephone _____ Treasurer's Signature _____

<i>For Central Office Use Only:</i>		Operations Budget	Carryover
Budget Line(s)	Amount		
_____	_____		Authorized By _____
_____	_____		Date Processed _____
_____	_____		