

WPOC Reimbursement Form

Meet Expenses

Meet Date: _____

Director: _____

Task (Check/List):

Flagging _____
 Place controls _____
 Vetting _____
 Getting to the meet _____
 Other _____

Necessary supplies

Surveyor tape \$ _____
 Cups \$ _____
 Water \$ _____
 Garbage bags \$ _____
 Punch cards \$ _____
 Clue sheets \$ _____
 Map bags \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total \$ _____

Optional supplies

Flyers \$ _____
 Brochures \$ _____
 Prizes \$ _____
 Awards \$ _____
 Food \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total \$ _____

Travel expenses

Miles _____ x \$0.20 \$ _____
 Tolls \$ _____

Total \$ _____

Presentation/Demonstration/Workshop/ Non-meet Event Expenses

Event: _____

Date: _____

Materials

Flyers \$ _____
 Brochures \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total \$ _____

Travel expenses

Miles _____ x \$0.20 \$ _____
 Tolls \$ _____
 Parking \$ _____
 Food \$ _____

Total \$ _____

Mapping Expenses

Travel expenses

Miles _____ x \$0.20 \$ _____
 Tolls \$ _____

Total \$ _____

Total expenses on this form \$ _____

Name: _____

Signature: _____