OCSO FRATERNAL ORDER OF POLICE LODGE 93

REQUEST for REIMBURSEMENT of FUNDS

TRAVEL EXPENSES:

Date(s) of Travel: FROM: _____to_____
Airfare: (receipt required) $_____
Car Rental: (receipt required) $_____
Mileage: _____miles @ _____ per mile $_____
Lodging: _____days @ _____per day (receipt required) $_____

PER DIEM EXPENSES:

Reason for per diem: __ Board Meeting __Conference

__ Memorial __ Other: _____

Date and Time of Departure: ___/___/___ at _____ am – pm
Date and Time of Return: ___/___/___ at _____ am – pm

Total number of Days Claimed _____ @ _____ per day = $_____

MISCELLANOUS EXPENSE: (receipt required)

_____ Postage $_____

_____ Office Supplies: _____ $_____

_____ Telephone Calls: _____ $_____

_____ Other: _____ $_____

TOTAL AMOUNT REQUESTED: $_____

I hereby certify that the above expenses were, or will be, incurred on behalf of the Fraternal Order of Police while acting in an official capacity as a member of the Orange County Sheriff's Office – Fraternal Order of Police Lodge 93.

_____

NAME PRINTED **SIGNED** **DATE**

TREASURER USE ONLY

Expense Approved by: _____

Check #_____ issued on _____

(Rev. 04/05)