



MID-EASTERN ASSOCIATION OF EDUCATIONAL OPPORTUNITY PROGRAM PERSONNEL

Delaware / District of Columbia / Maryland / Pennsylvania / Virginia / West Virginia

MEAEOPP Expenditure/Reimbursement Form

Name: _____ MEAEOPP Office/Committee _____

Institution/Agency: _____ Institution/Agency Phone: _____

Institution/Agency Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ *Mail check to work address home address*

Briefly, describe each expense (original receipts must be attached).

Purpose (indicate with an X)	Itemized explanation of expenditure		Amount	Office use only		
				Category	Sub	Sub
<i>Conference</i>			\$			
<i>Committee (specify)</i>			\$			
<i>Officer</i>			\$			
<i>Other (specify)</i>			\$			
			\$			
			\$			
<i>Travel</i> Reason:	Meals	\$ ____/day with receipts (excluding included meals)	\$			
	Transportation GSA Rate	\$. ____/mile X ____ miles	\$			
	Lodging	Rate ____ X ____ # of days	\$			
	Other (specify)		\$			
	Other (specify)		\$			
	Other (specify)		\$			
	Other (specify)		\$			

Total Expenditures	\$
Received Cash Advance Yes No	\$
Difference (expenditures minus cash advance)	
Difference paid to MEAEOPP if cash advance exceeds expenses	
Difference paid to MEAEOPP member if expenses exceed cash advance	\$

I certify that the above expenses were incurred conducting MEAEOPP business.. I understand that failure to provide receipts may effect MEAEOPP's ability to provide me with a reimbursement..

Signature: _____ Date: _____

For Treasurer's Use Only	
Amount due to MEAEOPP \$	Amount due to MEAEOPP member \$
___ Check enclosed with Expenditure /Reimbursement Form: Check number _____ Check amount \$ _____	___ Check disbursed to MEAEOPP member Check number _____ Check amount \$ _____