



Attendance/Expense Form

Date(s) _____

Meeting/Business Purpose _____

Location (include city) _____

Name _____

Mailing Address _____

Phone: _____ Email: _____

FOR INSURANCE PURPOSES, IT IS IMPORTANT THAT YOU COMPLETE THE UPPER PORTION OF THIS FORM WHETHER OR NOT YOU HAVE EXPENSES TO REPORT.

Travel insurance is provided for the protection of all Convention elected board and committee members traveling to, while attending, and returning from this meeting.

If you should be involved in an accident related to your attendance at this meeting, claims must be made within 30 days after injury. Write to Thomas Jordan, 3800 North May, Oklahoma City, OK 73112-6506, regarding claims.

ATTACH receipt or credit card copy for any single expenditure in excess of \$25. If you have hotel/motel charges, attach copy of hotel/motel bill.

Transportation

Miles traveled _____ x _____ cents per mile

Air Fare

Parking

Tolls

Meals

Lodging

Other Expenses _____

Comments _____

Signed _____

TOTAL _____