# 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 $____
- 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: _____________________