**Beverley Bardwell Fund Pre-Approval Form**

Fill out the entire form and submit to Beta Omega president, Karen Jones, for approval prior to attending the conference or convention. It is advisable to make a copy for your records.

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Phone: | ( |  | ) |  | E-Mail: |  |

Event attending (circle one): Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pi State Convention/Seminar |  | CTAUN |  |  | Regional Conference |
| Seminar in Purposeful Living |  | US Forum |  |  | International Convention |

|  |  |  |  |
| --- | --- | --- | --- |
| Location: |  | Dates: |  |

**ESTIMATED EXPENSES:**

|  |  |
| --- | --- |
| Registration Fee: $ |  |
|  |  |
| Convention Meals: $ |  |

|  |  |
| --- | --- |
| Society Sponsored Events: $ |  |

|  |  |  |
| --- | --- | --- |
| Hotel Block rate | x number nights | Total Hotel Cost |
| $ | x | = |

|  |  |  |
| --- | --- | --- |
| Mileage |  | Total Reimbursement |
|  | x $0.545 | = |

|  |  |
| --- | --- |
| Plane/Train/Bus: $ |  |

|  |  |
| --- | --- |
| Non-Convention Meals: $ |  |

Should not exceed $75/day

|  |  |
| --- | --- |
| Other Costs (Specify): $ |  |

**TOTAL ESTIMATED EXPENSES: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is anyone else traveling with you to this event? \_\_\_\_\_\_ If yes, please explain:

**REIMBURSEMENT:** Within 45 days of return, submit photocopy of registration and ALL receipts to the chapter president. The president will sign and submit the documentation to the Bardwell Treasurer for reimbursement.

\_\_\_\_\_ Approved \_\_\_\_\_ Denied because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter President Signature Date

**PLEASE NOTE:** Expenses will be covered for **members of Beta Omega only**.

**All Pre-**Approval forms must be sent to:

**Karen Jones**

8 Holly Lane

Latham, NY 12110