**Beverley Bardwell Fund Reimbursement Request Form**

Date Submitted

Fill out the entire form and submit to Beta Omega president, Karen Jones, with all receipts attached, and a copy of your registration form.

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

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

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

**STATE / REGIONAL / INTERNATIONAL CONFERENCE EXPENSES:**

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

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

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

|  |  |
| --- | --- |
| Flight / Train / Bus: $ |  |
| Mileage |  | Total Reimbursement |
|  | x $0.57.5 | = |

|  |  |
| --- | --- |
| Parking/Tolls: $ |  |

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

**Meals** **Cost**

|  |  |  |
| --- | --- | --- |
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|  |  |  |

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

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

Forms must be sent to:

**Karen Jones**

8 Holly Lane

Latham, NY 12110