

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:

	<u>Meals</u>	<u>Cost</u>
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): \$ _____	_____	_____
	_____	_____
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