

**Nebraska Educational Office Professionals Association
Request for Reimbursement**

Submitted by: Name: _____ Date: _____

Address: _____

Check #

Signature of Requestor: _____

Bills must include the item(s) charged and the recipient's signature. After completing this reimbursement form, attach the bill or an explanation for the request and forward it to the President for authorization. (Both must approve requests.)

Budget Category to be Charged:	Description	Amount
NAEOP Affiliation		
NAEOP Delegate Expenses		
NAEOP Foundation Donation		
NAEOP Liaison Expenses		
NAEOP Conference Competitions		
NAEOP Professional of the Year		
NEOPA Board Retreat		
Audit Committee Expenses		
Awards Committee Expenses		
Bank Fees		
By-Laws Committee Expenses		
Field Service Expenses		
Finance Committee Expenses		
Information Technology Committee Expenses		
Membership Committee Expenses		
Nominating Committee Expenses		
Officers Expenses		
Pins (National / Membership)		
Post Office Box Rental		
PSP Committee Expenses		
Publicity Committee Expenses		
Sales Taxes		
Scholarship Expense		
Scholarship Committee Expenses		
Special Projects Committee Expenses		
State Conference Expenses		
The "NEON"		
Transfers to Scholarship Savings		
Ways & Means Committee Expenses		
	Total Reimbursement Request:	\$

Please note name and address of recipient if the check is to be forwarded to someone other than you. _____

Any comments pertinent to this request: _____

All requests must be approved by both the President and Treasurer. Please mail or deliver to the current President for signature and forwarding to the Treasurer.

Carol Reed, CEO
840 La Brea Ave.
Lincoln, NE 68504

(Signature)

(Date)

Rhonda Meyer, CEO
Lincoln Public Schools
Human Resources
5901 O Street, Box 33
Lincoln, NE 68510

(Signature)

(Date)