Alpha Omega Alpha - Visiting Professorship Reimbursement Form

Visiting Professor Name: _____

SS#/Tax ID: _____

Mailing Address: _____

City, ST, zipcode: _____

Phone: _____

Email: _____

Travel Dates	
From:	
To:	
Amt of Days:	

Date of Event: _____

Chapter School: _____

AOA Councilor: _____

DATE	LIST BY RECEIPT in chronological order	$ Air & Trans.	$ Lodging	$ Fuel / Mileage	$ Meals & Tips	TOTAL
					SUBTOTAL	
					HONORARIUM	$ 1,500.00
					TOTAL STIPEND	

Note: Mileage reinbursement for personal car = $0.55/mile

DATE	From:	To:	Miles driven	55 cents/mile

INCLUDE ORIGINAL RECEIPTS WITH THIS FORM FOR REIMBURSEMENT

For Office Use Only

Authorized By Date