



Arizona Association of School Psychologists Request for Reimbursement

Name _____ Date _____
Mailing Address _____

Purpose of Expense _____

Committee/Budget Area to be Charged _____

Meeting Attended _____ Location _____

Date Expense Incurred					
Transportation Air, Bus, Rail					
Local Transportation Taxis, etc					
Personal Automobile # mile X .485/mile					
Parking & Tolls					
Lodging Hotel room/taxes only					
Meals (including tips) Breakfast					
Lunch					
Dinner					
Other Expenses Photocopying					
Telephone					
Postage					
Other (specify					
TOTAL					

Notes: IRS ruling requires that original receipts must be attached for all expenses, regardless of amount. Reimbursement for meals will generally not exceed \$6-Breakfast; \$7-Lunch; and \$17-Dinner per person, excluding group meals provided by AASP

Signature of Requestor _____

Signature of Budget Manager _____

Payment Record _____

Please retain one copy of the reimbursement for your records. Reimbursement requests should be submitted to the appropriate manager for approval. After the budget manager has signed, submit the request to AASP, 10221 N 32nd St Ste D, Phoenix, AZ 85028.