

ASHRAE REGION II Expense Report Form

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| Make check payable to: |
| Mail check to: Street Address: |
| City, Province and Postal Code: |
| Signature of Submitter: |
| Print name: _____ |
| Date that form is filled out: |

| I REQUEST REIMBURSEMENT FOR THE FOLLOWING EXPENSE(S): | |
|---|--------------|
| <input type="checkbox"/> Regional Awards, certificates, etc. | \$ |
| Cost for Society Winter and Annual (Summer) Meetings & Fall Meeting basic hotel (registration cost not included) for Nominating Committee Member & Alternate. Meeting Location: Dates: Expenses allowed for reimbursement of 3 nights of hotel at a maximum of \$200/night for each Society meeting for: ARC, MP RVC, RP RVC, SA RVC, CTTC RVC, GGAC RVC, Regional Historian, YRC, Nominating Member and Nominating Alternate | \$ 600 (max) |
| <input type="checkbox"/> Chapter visits by Region II Historian - Transportation only (since not reimbursed by Society) Chapter visited: _____ Date: _____ | \$ |
| <u>Planning Meeting Costs</u> <input type="checkbox"/> Group Meals | \$ |
| <input type="checkbox"/> YEA Leadership Weekend Scholarship – Up to \$2 300 per year | \$ |
| <input type="checkbox"/> Other expense that is not listed in any of the above categories (Please be specific as to expense, and advise approval info). <small>Any expense that is NOT in any of the above categories MUST receive pre-approval in order to be considered for reimbursement. No exceptions! Contact DRC for pre-approval.</small> | \$ |
| _____ Total For All Expenses Submitted | \$ |

Instructions:

1. Determine category from above list to apply reimbursement, fill in info as noted.
2. Attach original receipts to this form. **No receipts = NO reimbursement.**
3. Forward completed form and receipts to DRC for Approval by e-mail
E-Mail (Preferred): doug.cochrane@carrierenterprise.com
4. Submit form within 90 days of expense. No reimbursements after 90 days.

DRC Approval / Date