

PSPA REIMBURSEMENT FOR PERSONAL EXPENSES

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Society Position \_\_\_\_\_

Expense Date \_\_\_\_\_

Budget Category \_\_\_\_\_  
(i.e. BOD travel, membership, CME, Regional, Government Affairs, PR &E)

Mileage \_\_\_\_\_  
55 cents per mile

Tolls \_\_\_\_\_

Airline Ticket \_\_\_\_\_

Hotel \_\_\_\_\_

Parking \_\_\_\_\_

Business meals \_\_\_\_\_

Phone Calls \_\_\_\_\_

Postage \_\_\_\_\_

Copies \_\_\_\_\_

Other \_\_\_\_\_

Total requested \_\_\_\_\_

Submit to: Chris Lindberg  
1502 Dixon Lane  
Wexford, PA 15090

revised 4/17/09