



EXPENSE REIMBURSEMENT FORM

Name _____

Address _____

City _____ State _____ ZIP _____

Meeting Attended _____

Meeting Date(s) _____

Position _____

(President, Vice President, PMAA Director, etc.)

Make Reimbursement Check Payable to: _____

Transportation cost from _____ to _____

A. Flight Cost \$ _____

OR

B. Miles Driven* _____ @\$.55** = \$ _____

**(up to the lowest airfare available)*

****Subject to change**

Hotel Room Nights _____ @\$ _____ = \$ _____

Registration Costs \$ _____

Additional Information:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REIMBURSEMENT \$ _____

Signature _____

Date _____

Please fill out form electronically, then print, sign and date. Return completed form to the WPMA Office by fax: **801-262-9413**, by mail to: Western Petroleum Marketers Association (WPMA), PO Box 571500, Murray, Utah 84157-1500, or by e-mail (scan completed form with signature and date) to Kathy Michaelis at: kathym@wpma.com.

If you have questions concerning WPMA expense reimbursement you may call 1-888-252-5550 or 801-263-9762.