



# 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\* \_\_\_\_\_ @55.5¢\*\* = \$ \_\_\_\_\_  
\*(up to the lowest airfare available) \*\***Subject to change**

Hotel Room Nights \_\_\_\_\_ @\$ \_\_\_\_\_ = \$ \_\_\_\_\_

Registration Costs ..... \$ \_\_\_\_\_

Additional Expenses:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**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](mailto:kathym@wpma.com).

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