EXPENSE REIMBURSEMENT FORM

Name _____

Address _____

City _____ State _____ ZIP _____

Meeting Attended

Meeting Date(s)

Position _____

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

Make Reimbursement Check Payable to: ____

Transportation cost from _____ to _____

A. Flight Cost ..... $ _____

OR

B. Miles Driven _____ @76¢ (Effective July 1) = $ _____

up to the lowest airfare available

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 Emily Perry at: *ap@wpma.com*. If you have questions concerning WPMA expense reimbursement you may call *801-263-9762*.

www.wpma.com

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