



# Association of Texas Professional Educators®

## Region 4 ATPE Reimbursement, Expenditure, and Check Request

Date Submitted: \_\_\_\_\_

Person Submitting Request: (name & local)  
\_\_\_\_\_

Event \_\_\_\_\_ Date of event \_\_\_\_\_

### Expense Category (Receipts must accompany all reimbursement requests.):

<input type="checkbox"/> ATPE Summit	<input type="checkbox"/> Donation (ATPE Functions)	<input type="checkbox"/> Postage
<input type="checkbox"/> Fall Meeting	<input type="checkbox"/> Executive Board Meetings	<input type="checkbox"/> Spring Assembly
<input type="checkbox"/> Check Reissue	<input type="checkbox"/> Promo Items/Gifts/Door Prizes	<input type="checkbox"/> Office Supplies
<input type="checkbox"/> ATPE At The Capital	<input type="checkbox"/> Leadership Team Meetings	<input type="checkbox"/> Comm. Meetings
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Scholarships/Classroom Makeover	<input type="checkbox"/> Regional Rep
<input type="checkbox"/> New/Reactivated Locals	<input type="checkbox"/> Membership Growth Assistance	

### Travel Expenses:

Hotel \_\_\_\_\_ X \_\_\_\_\_ nights = \_\_\_\_\_ Mileage to/from \_\_\_\_\_

Miles X \$0.625 = \_\_\_\_\_

Meals (total and attach receipts) \_\_\_\_\_ Not to exceed: \$10.00 Breakfast, \$15.00 Lunch, \$25.00 Dinner Meals covered through event registration are not reimbursable. (i.e.: banquets, box lunches, breakfast, etc.)

**Other** (please explain reason for expense, total and attach receipt(s):  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses:** . . . . . \$ \_\_\_\_\_

**Less Amount Already Received:** \$ \_\_\_\_\_

**Total Reimbursement Owed to:** \_\_\_\_\_

Address \_\_\_\_\_

For office use: \_\_\_\_\_

Paid by: \_\_\_\_\_

Debit / Check # \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Scan reimbursement request/receipts and email to: [Reg4ATPE@gmail.com](mailto:Reg4ATPE@gmail.com)

Include the subject line: Attn- Region 4 Treasurer