# Appendix 6: Expense Report Form

A picture containing company name

Description automatically generatedColorado Pharmacists Society Expense Report Form

Date Submitted:Name/check payable to:

Address:

City/State/Zip: SSN#/TAX ID:

|  |  |  |
| --- | --- | --- |
| DATE | EXPENSE DESCRIPTION/# MILES | AMOUNT |
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|  |  |  |
|  |  |  |
|  | TOTAL |  |

CPS will reimburse employees/ volunteers/ speakers for any previously agreed upon expenditures made on its behalf. **Original receipts must accompany this report or the expense will not be reimbursed.** All requests for reimbursement must be remitted within 30 days of incurring expense.

**General Guidelines:**

If you have any questions if an expense will be covered, please verify with office staff prior to incurring the expense. Reimbursement for mileage will be at the current government rate (per IRS rates as month of reimbursement date).

Reimbursement for airfare will be at coach/economy Class. Reimbursement for lodging will be at the single occupancy rate.

The following has been established as the maximum allowable limits for meal reimbursement including gratuities: breakfast $15; lunch $20; and dinner $40 per day. CPS should be charged actual costs of meals, not the limit for each meal. There will be no reimbursement when group meal functions are provided.

**Please remit within 15 days of event to: Colorado Pharmacists Society**

[Admin@copharm.org](mailto:Admin@copharm.org)

720-250-9585