

1629 K Street NW, Suite 300 - Washington, DC 20006 - abe@psychodramacertification.org - www.psychodramacertification.org

## **ABE EXPENSE REPORT**

The American Board of Examiners uses this form for internal financial purposes and also as part of our official record keeping for the Internal Revenue Service. If you are seeking financial remuneration from the Board you must fill out this form and attach receipts for all expenses over \$75.00. The Board only reimburses expenses directly related to travel, and if necessary, lodging. The Board does not reimburse expenses for meals or food. If you are requesting reimbursement for more than \$100.00, these expenses must have had prior authorization from the Executive Director.

| Name: |  |  |  |  |
|-------|--|--|--|--|
|       |  |  |  |  |

Purpose of Expense:\_\_\_\_\_

Transportation Expenses (List mode(s) of transportation, dates and destinations)

[Automobile mileage is reimbursable @\$.51 per mile. If you are requesting reimbursement for mileage you may not ask for reimbursement of gas, oil, etc.]

| Signature                             | Date |
|---------------------------------------|------|
| TOTAL REMUNERATION SOUGHT             | \$   |
| Other ()                              | \$   |
| Lodging Expenses (Attach Receipt)     | \$   |
| Total Transportation Expenses Claimed | \$   |
| \$\$                                  |      |
| \$\$                                  |      |
| \$                                    |      |