

AMERICAN ACADEMY OF NEUROLOGY

1080 Montreal Avenue St. Paul, MN 55116-2311 Phone: (651) 695-1940

College Student Interest Group in Neurology (CO-SIGN) Expense Reimbursement Form

Date: _____
Name of Institution: _____
Completed by: _____
Staff Liaison: Cheryl Alementi 651-695-2737

Check Payable to: _____
Address: _____

Acct #	SIGN #	Description	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Total
7010	02-30060-09-002	Copier							
7010	02-30060-09-002	Food/Beverage							
7010	02-30060-09-002	Other							
Monthly Total									
								Total Amount Due	

**THIS FORM SHOULD BE DATED, SIGNED AND RECEIPTS ATTACHED.
 THERE WILL BE NO REIMBURSEMENTS WITHOUT RECEIPTS.
 PLEASE EXPLAIN "OTHER" EXPENSES.**

Signature of CO-SIGN Representative		Date	
AAN Staff Liaison Approval		Date	
AAN Supervisor's Approval		Date	
AAN Director Approval		Date	
AAN Executive Director Approval		Date	

Please note:

1. Each CO-SIGN Chapter can submit up to \$400 in expenses for the Academic year September 2008 through September 2009.
2. IRS Guidelines require that requests for expense reimbursement must be submitted within 30 days of the event.

In order to meet this guideline, we ask that requests for expense reimbursement be submitted within 15 days to allow enough time for approval and processing