



**RCMA
Hosted Planner Program
Expense Reimbursement Request**

Please complete this form and attach copies of the following:

- Hotel receipt*
- Airfare receipt* (car rental fees, parking fees, points, luggage fees, seat upgrades, insurance fees or early check-in fees are **not** reimbursable)

DEADLINE for submission to be reimbursed: February 17, 2023

Airfare only (see reimbursement chart) \$ _____

OR

Auto (____ miles @ \$.50 per mile = \$____) (mileage not to exceed \$150) \$ _____

Hotel (up to 4 nights in RCMA room block at planner rate) \$ _____

Registration Fee \$ _____

TOTAL \$ _____

Please make reimbursement check payable to:

Organization or Individual

Attention

Mailing Address

City State/Province Zip/Postal Code

By checking the box, I affirm that I have uploaded the required RFP, attended the Tuesday orientation session, visited with 20 or more exhibitors during the Emerge tradeshow and remained on the Expo Floor during tradeshow hours.

Signature Date

Email: Scan all pages in a **SINGLE** document to: dhochstetler@rcmaweb.org

OR mail: RCMA, 7702 Woodland Drive, Suite 120, Indianapolis, IN 46278

*For audit purposes, receipts must be included with form submission.