

**Signature** 

Name:

## American Board of Examiners in Psychodrama, **Sociometry and Group Psychotherapy**

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.

	Purpose of Expense:			
	Address & Phone Number:			
Transportation	Expenses (List mode(s) of	transportation, dates and destinations)		
-	ileage is reimbursable @\$ reimbursement of gas, o	i.63 per mile. If you are requesting reimb il, etc.]	ursement for mile	age you
			\$	
			\$	
			T	1
	Total Transportation Expenses Claimed		\$	
	Lodging Expenses (Attach Receipt)		\$	
	Other ()		\$	
	TOTAL REMUNERATIO	N SOUGHT	\$	

Date