



# COSA

## Professional Improvement Program Reimbursement Form

Please fill out the following when submitting  
reimbursement requests.

Please Submit your PIP form on or before June 1.  
Thank you.

Forms and receipts can be mailed to: COSA  
PO Box 7953  
Bend, OR 97708

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Item	Amount
Mileage Reimbursement: Miles @ \$.50 / mile	
TOTAL	

Please enclose all receipts with this form. Checks will be mailed on or before June 30.  
Thank you for making the Central Oregon Symphony Orchestra the wonderful orchestra that it is!

COSA Mileage Reimbursement Form

<b>NAME</b>	
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\*Fill in addresses that you will be commuting to/from to get to Rehearsals/Concerts

Miles

Home	
Work	
COCC	2600 NW College Way, Bend, OR 97701
Bend High	230 NE 6th Street, Bend, OR 97701
Other	

Miles between Home and COCC	
Miles between Home and Bend High	
Miles between Home and Other	
Miles between Work and COCC	
Miles between Work and Bend High	
Miles between Home and Other	

Rehearsal/Concert Date	Miles	Round Trip Miles

\*Attach Additional Sheet if you need more room