

RPA CLINIC IP/CP INVOICE



If you are the “designated” clinic IP and/or CP, the RPA will reimburse clinic hotel, car and fuel costs associated with your role at the clinic. These positions should attempt to share one vehicle. Please send this invoice to RPA treasurer via US mail, fax or as an email attachment. Please include hotel and car receipts; if emailing, retain receipts for record. You must be identified as the “designated” IP and/or CP for the clinic you are claiming repayment for.

CLINIC NAME: _____

CLINIC REGION or STATE: _____

CLINIC AIRPORT: _____

CLINIC DATES: (dd/mm/yy) _____

FIRST NAME: _____

LAST NAME: _____

MAILING ADDRESS: _____

PHONE / EMAIL: _____

IP:

CP:

DIR:

OTHER:

Explain your role/duties: _____

Hotel Chain:	_____
Hotel Costs:	\$ _____
Rental Car:	_____
Rental Costs:	\$ _____
Fuel Costs:	\$ _____
Other Reimbursable:.....	\$ _____
Explain:	_____
TOTAL:	\$ _____