

RETURN TO:
BARBARA MCPHERSON, GRAND CHANCELLOR
WOMEN OF THE MOOSE
INTERNATIONAL HEADQUARTERS
MOOSEHEART, ILLINOIS 60539-1182

ASSIGNED BY: _____ /CAC

DATE ISSUED: _____

AND SEND A COPY TO THE CAC



S.O.A.P. AUTHORIZATION-OFFICIAL VISIT

ASSIGNED TO: _____

ADDRESS: _____

CHAPTER NAME & No.: _____ STATE/PROVINCE: _____

DATE OF VISIT: To be determined TYPE OF MEETING: Official Visit

VISITATION AT CHAPTER EXPENSE: YES NO (PRE-AUTH. FROM WOTM HEADQUARTERS REQUIRED)

PURPOSE OF VISIT: _____

You are authorized to take any action necessary within the guidelines of the WOTM General Laws to resolve any problems for the good of the Chapter and Fraternity.

YOU ARE TO SECURE ALL MISSING REPORTS DURING YOUR VISIT.

(Visit to be completed within thirty (30) days. If delayed, please notify this office.)

RETURN THIS AUTHORIZATION & A COPY OF ATTACHED EXPENSE BILL WITHIN (7) DAYS AFTER VISIT.

Officers Present (Circle): SR REC JGR JR CH SE/TR CHAIRMEN TOTAL ATTENDANCE: _____

S. (Subjective) O. (Objective) A. (Assessment) P. (Plan)

SUBJECTIVE: (What the Co-workers tell you, i.e., chief complaint, history of complaint) _____

OBJECTIVE: (What you see in your investigation) _____

ASSESSMENT: (Problem list) _____

1. _____

2. _____

3. _____

PLAN: (What you plan to do and what you did today. Try to address each problem) _____

Use reverse side if needed.

(Signature)

PLEASE MAIL THIS FORM TO:
 ASSISTANT TO THE GRAND CHANCELLOR
 155 S. INTERNATIONAL DRIVE
 MOOSEHEART, IL 60539-1182
 (630) 966-6408

ASSIGNED BY: _____/CAC

DATE ISSUED: _____



EXPENSE BILL – OFFICIAL VISIT



Refer to AUTHORIZATION to determine if visitation is at Chapter's expense

STATE/PROVINCE: _____ CITY: _____

CHAPTER NAME & NO.: _____

DATE OF VISIT: To be determined

PURPOSE OF VISIT: _____

ASSIGNED TO: _____

ADDRESS: _____ PHONE: _____

E-MAIL: _____ CELL PHONE/SECONDARY #: _____

(Return this expense bill and attached authorization within 7 days after visit)

DATES	EXPENSE MUST BE ITEMIZED	AMOUNT
	<p>MILEAGE _____ total miles @ \$.45/mile (Attach "Mapquest" or similar directions indicating number of miles from your home to visit location)</p> <p>TOLLS if applicable (attach toll receipts or toll-pass program statement)</p> <p>The following items require pre-approval from WOTM Headquarters: ONLY GRANTED IF AN OVERNIGHT STAY IS REQUIRED</p> <p>PER DIEM _____ @ \$30.00 per day</p> <p>HOTEL In the event you are not given a complimentary room or your room was not paid for by another source, you will be reimbursed for same– receipt MUST be attached.</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
	<p style="text-align: right;">SUB-TOTAL</p> <p><i>Only available if paid by Moose International:</i> AMOUNT TO BE DONATED TO MOOSE CHARITIES optional)</p> <p>WID # _____ PROJECT: _____</p> <p><input type="checkbox"/> PAID BY CHAPTER CHECK (attach copy of check)</p> <p style="text-align: right;">TOTAL DUE PAYEE</p>	<p>\$</p> <p>\$ ()</p> <p>\$</p>

 Signature is **REQUIRED** for reimbursement

APPROVED FOR PAYMENT	
DATE: _____	_____
ACCOUNT #	_____
SIGNED: _____	_____