

CPO Authorization Form

In order to insure that all CPO requests for reimbursement are handled in an efficient manner, please complete this form and submit with all the requirements for your CPO to be officially recognized (Section IX of this handbook).

DATE: _____

CPO CHAIR: _____

CPO NAME: _____

ADDRESS: _____

The following individuals are authorized to submit and receive reimbursement for the allowed CPO expenses:

1. NAME: _____

ADDRESS: _____

2. NAME: _____

ADDRESS: _____

CPO Chair