

CPO Authorization

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

Date: _____

CPO chair: _____

CPO name: _____

CPO address: _____

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