



Payment Reimbursement Form
[For everything except Travel Expense]
(As of 2/1/04)

Name: _____ **Date:** _____

Address: HC 1 Box 123C **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Committee/ Sub-Committee: _____

Reason for Expenditure:

Any Other Information:

Make Check Payable to –

Mail to

Amount Requested: \$ _____ **Check #** _____ **Date Mailed:** _____

Program Chair's approval: _____

Instructions: _____ (Signature)

Please complete the above form when requesting reimbursement for any expenses other than Travel. Use the back of this sheet if necessary.

- Send **ORIGINAL RECEIPTS** with all reimbursement requests.
- Write on the receipt which Program is to be charged for this expense and state what it was for: (ie. Postage; telephone, etc.).
- Please give reason for the expense to help the Treasurer to know which account to post the expense too: (ie. Postage for mailing info to Committee ; materials needed for meeting; honorariums if you have a speaker; etc)
- Mail this form and **ORIGINAL RECEIPTS** to Treasurer. Please mail promptly to insure prompt reimbursement and recording of these expenses in a timely manner.
- If other than Chair is requesting approval this must be signed by the Program Chair.
- **Make a copy of this form and all the receipts for your records, before mailing to Treasurer for reimbursement**
- *Please contact Treasurer if you have any questions regarding this form or your expenses for which you need reimbursement. Asking questions could expedite your reimbursement if you are not sure.*

Mail all materials to: