



American Polocrosse Association

Reimbursement Request Form

PLEASE PRINT

Amount requested for reimbursement: \$ _____

Please give a brief description of the reimbursement request:

Was this expense outlined in the 2011 APA Budget? _____

If so, what expense category should be documented: _____

Submitted by: _____ (print)

Mailing Address: _____

Contact Number: _____

Date of Submission: _____

Reimbursements are to be made 60 days after purchase or within 14 days after the close out of any tour.

Submit to: Patti Cifelli, APA Bookkeeper at sycckr@juno.com, PO Box 585, Pennington, NJ 08534,
Questions should be directed to Erica Vallee at ervallee@yahoo.com.

Please include all receipts outlined in the Request for Reimbursement along with an authorized signature from your APA Committee Chairperson.

Fax or e-mail copies of receipts to Patti at any of the locations listed above.

Submitted by: _____ Date _____

Committee Chair: _____ Date _____