



APA Reimbursement Request Form

Amount requested for reimbursement: \$ _____

Please give a brief description of the reimbursement request:

Was this expense outlined in the 2009 APA Budget? _____

If so, what expense category should be documented: _____

Submitted by: _____ (Please Print)

MailingAddress: _____

Contact Number: _____

Date of Submission: _____

Submit with receipts to: Patti Cifelli; P.O. Box 585; Pennington, NJ 08534 or sycck@juno.com
Questions should be directed to: Erica Vallee; ervallee@comcast.net

You must include all receipts outlined in the Reimbursement Request along with an authorized signature from your APA Committee Chairperson within 60 days of purchase.

Approvals:

Submitted by: _____

Committee Chair signature: _____

