



## **APA Reimbursement Request Form**

Amount requested for reimbursement: \$ \_\_\_\_\_

Please give a brief description of the reimbursement request:

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Was this expense outlined in the 2019 APA Budget? \_\_\_\_\_

If so, what expense category should be documented:

Submitted by: \_\_\_\_\_ (Please Print)

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Submit with receipts to: Patti Cifelli: 30 Timuquana Trail, Southern Pines, NC 28374

Or send to [patticifelli22@gmail.com](mailto:patticifelli22@gmail.com)

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

### **Approvals:**

Submitted by: \_\_\_\_\_

Committee Chair signature: \_\_\_\_\_

