

**THREE RIVERS CHAPTER NAPNAP
EXPENSE REIMBURSEMENT FORM**

YOUR NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

To maintain chapter records, each item(s) for which you are requesting reimbursement must be categorized. For example, if you purchased postage stamps, please indicate if they are for the newsletter, educational meetings, recruitment, etc.

ITEMS/CATEGORY

AMOUNT

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TOTAL REIMBURSEMENT AMOUNT _____
PLEASE ENCLOSE A RECEIPT FOR ALL EXPENDITURES

Send to: Patricia Harris
3261 Shadyway Dr
Pittsburgh, PA 15227

For treasurer only:

Check Number _____

Date _____