



REQUEST FOR REIMBURSEMENT

(Complete one for each project or invoice)

1. Requestor

Name: _____

Phone #: _____ Member #: _____

Email: _____

2. Invoices and/ or receipts, must be attached as proof before disbursement

Company to be Paid (if a Vendor): _____

Authorization # (Must Have): _____ Telephone: _____

Mailing Address: _____

Contact Person (if different from Requestor): _____

3. Amount To Be Reimbursed: _____

Vendor or individual hereby certify that the above purchase or work has been properly authorized, acknowledging that the purchase or work has been completed and believe the fees or charges shown on the attached receipts and/or invoices to be accurate and factual.

Signed: _____ Title: _____

FOR APAC USE ONLY

Request # _____ Date of Request _____

Cost Code: _____ Project Code: _____ Amount to be Charged: _____

Where to Deduct Funds From: _____

Request Reviewed and
Authorized By: _____ Date: _____

Voucher Reviewed and
Approved By: _____ Date: _____