EXPENSE REPORT

Activity: _____

Name: _____ **Date:** _____

Address: _____ **Email:** _____

City/State/Zip _____ **Phone:** _____

This request for reimbursement is being sent for the following items:

Item or expense:	Amount	Totals
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
	$ -	

Email with receipts to Treasurer@APICDFW.ORG within 30 days of event.

I certify that this accounting is accurate as to actual and necessary business expenses incurred.

Signature_____ Date _____

APIC DFW Use only:

Approved:

Date Paid: