



REIMBURSEMENT/ADVANCE PAYMENT REQUEST FORM

Today's Date: _____

Person requesting reimbursement: _____

Address: _____

Phone/Email: _____

Amount: \$ _____

Committee or AAPA Position: _____

Date of Event: _____

Event Description: _____

Item(s) Purchased: _____

Signature: _____

For reimbursement requests, please attach receipts. For advance payment requests, attach the appropriate documentation, followed by actual receipt.

- All bills incurred by AAPA Board or Committee members must be submitted to the AAPA Treasurer for reimbursement within 30 days of the expense.
- All current year bills must be submitted prior to June 30, or they may not be paid.

Please mail to: Joshua Stein, AAPA Treasurer
8109 Eagle Rock Ave NE
Albuquerque, NM 87122

Note: For Albuquerque Academy tax-exempt certificates, please contact the AAPA Treasurer.

Requestor signature: _____

Approver signature: _____

FOR TREASURER'S USE: Total Paid: _____ Check Number: _____

Date Paid: _____ Split Transaction: _____