



RED RIVER CHAPTER (3-24-110)

EXPENSE REIMBURSEMENT REQUEST

All reimbursement requests must be accompanied by an original receipt, paid invoice, or other documentation to provide verification of expenditures on behalf of IAAP.

PAY TO: _____

CHARGE TO: _____

DATE	PURPOSE	AMOUNT

TOTAL: \$ _____

I certify that the expenses listed are for Red River Chapter IAAP business.

Signature: _____ Date: _____

Date Paid: _____	Check No: _____
Signature: _____ Treasurer	Signature: _____ Committee Member