



Please attach receipts to the back of form

CHAPTS Expense Reimbursement

Make check Payable to:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Please attach receipts to the back of form

Treasurer Use Only	
Check Nbr:	_____
Date Paid:	_____
Line item:	_____

<u>Date</u>	<u>Description / Reason</u>	<u>Committee</u>	<u>Event</u>	<u>Amount</u>
_____	_____	Chair approval (check box)	<input type="checkbox"/>	_____
_____	_____	Chair approval (check box)	<input type="checkbox"/>	_____
_____	_____	Chair approval (check box)	<input type="checkbox"/>	_____
				Total: _____

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