

A. MILLIE CALLAWAY NAPS BRANCH #135 EXPENSE REIMBURSEMENT / CHECK REQUEST

For NAPS reimbursement and check-request use.

REQUEST INFORMATION

Requester / Payee Name

Request Date

Purpose / Event

NAPS Branch/Area

ITEMIZED REIMBURSEMENT REQUEST

Item	Expense Date	Description of Expense / Reimbursement Item	Amount
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL REIMBURSEMENT REQUESTED			\$

→ **RECEIPTS REQUIRED: Please attach supporting receipts for expenses.**

Number of receipts attached

Supporting documentation attached

Yes

☐

No

☐

REQUESTER CERTIFICATION

I certify that the expenses listed above were incurred for authorized NAPS business and have not otherwise been reimbursed. I understand that reimbursement is subject to applicable NAPS and branch policies and that supporting documentation must be retained with this request.

Requester Signature

Date

TREASURER USE ONLY

Amount Approved

\$

Check Number

Check Date

Treasurer Signature

Date Signed