

REQUEST FOR REIMBURSEMENT
ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____
Address _____
City/Zip _____
Telephone (_____) _____ E-mail _____

Expenditure was for : _____
Date expenditure was pre-approved: _____

List expenditures: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSE \$ _____

Reimbursement Claimed \$ _____

Not claimed – donating to MPA \$ _____

I request reimbursement for expenses of authorized _____ MPA business. I received prior approval to spend up to \$ _____ for this activity. I have attached original receipts for all expenditures listed above.

Signature _____ Date _____

MPA approved expenditure Budgeted activity

For MPA TREASURER USE:

| Account Number | Category | Approved Amount | Check Number | Amount Reimbursed |
|----------------|----------|-----------------|--------------|-------------------|
|----------------|----------|-----------------|--------------|-------------------|