

APHON Local Chapter Special Meeting Expense Report Form

Chapters are eligible to receive a maximum \$75 reimbursement for expenses related to hosting a chapter meeting during the month of May to promote voting in the APHON National election.

This form must be typed. Hand written forms will not be accepted.

Chapter Name _____ Date of Request _____

Person Completing Form _____

Address to Send Reimbursement _____

City, State Zip _____

Phone _____

	Date	Date	Date	Date	Date	Date	Date	
EXPENSE								TOTAL
1. Meeting Space								
2. Meals								
3. Printing								
4. Postage								
5. Telephone/Internet								
6. Photocopies/Printing								
7. Miscellaneous (specify)								
TOTAL								

Miscellaneous explanation:

Send to: APHON Headquarters Attn: Chapter Liaison
aphon-ap@connect2amc.com (*perferred*)
8735 W Higgins Rd, Ste 300
Chicago, IL 60631

For office use only

- All requests for reimbursement must be reported on an Expense Report and submitted to the APHON office within 30 days of the chapter meeting.
- Receipts must be attached to Expense Report. In lieu of receipts for expenditures under \$20, an explanatory note must be attached. Unverified expenditures will be deducted from total reimbursement.

These expenses were incurred by the chapter in fulfilling my official, delegated APHON duties. Personal expenses have been excluded.

Signature