

# HPDA

## Request for Reimbursement or Payment

Heart of Pinellas Decorative Artists

Date: \_\_\_\_\_

(Please print your name, address, city and state and phone)

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & zip \_\_\_\_\_ Phone \_\_\_\_\_

Itemized Reimbursements (receipt must be attached and the items you need reimbursed for should be circled and totaled please). List your items below

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

Charge Expense to: \_\_\_\_\_ Purpose of Expense: \_\_\_\_\_

Signature: \_\_\_\_\_

Approval of Committee Chairman: \_\_\_\_\_

Approval of Chapter President: \_\_\_\_\_

Check or Tranx # Issued: \_\_\_\_\_ Chk amt: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Treasurer: \_\_\_\_\_