

Heart of Pinellas Decorative Artists (HPDA) **Request for Reimbursement or payment**

Date: _____

Please PRINT your name, address and phone number below:

Pay To: _____

Address: _____

City, State & Zip _____ Phone _____

Itemized reimbursements (receipt must be attached. The items you need reimbursed for should be circled and totaled). List your items below:

ITEM	Amount	Charge expense to	Chair Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____

Approval of Chapter President: _____

Check Number Issued: _____ Check amount: _____ Date: _____

Treasurer Signature: _____