

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: \_\_\_\_\_