

**ACPS FORM**

Document Number: FIN-F01

DATE: 9/5/03

SUPERSEDES: uk

SUBJECT: Request For Reimbursement of Program Expense

PROCEDURE:

1. Please attach all bills, statements and other documentation. These must accompany request.
2. Program/Committee Chair must sign before request is submitted.

DATE OF REQUEST: _____

PROGRAM: _____

DATE	EXPENSE	EXPLANATION	AMOUNT

Please reimburse these expenses to:

NAME AND ADDRESS: _____

SIGNATURE, PROGRAM/COMMITTEE CHAIR _____

ACPS TREASURER: _____

CHECK No. _____ DATE: _____

YEARLY BUDGET INFORMATION:

Total Amount for Program in Budget: _____

Year-To-Date Expenditure for Program: _____