

Washington Association of Physicians of Indian Origin

WAPI'S Expense Reimbursement Form

(Approved by Gov Body meeting on 6/23/02)

Rules for Reimbursement:

Date of

Expense

- 1. Only expenses incurred by officers/executive members for the sole purpose of WAPI are eligible for reimbursement from treasurer.
- 2. Expenses must be itemized on this approved form. Please attach the receipts as well.

Purchase details/description

3. Read the statement below before you sign it and forward it to treasurer. If the itemized total for any one submitter exceeds \$250.00, then it must be presented to president or the next executive meeting for the approval of reimbursement.

Purchased

from

\$ Amount

Reviewer's

Comments/Approva

- 4. Once the approved form is received by the treasurer, he/she should mail the check to the submitter within three weeks.
- 5. Submitter should keep a copy of expenses submitted for his/her protection in case of unexpected loss of submitted expenses.

		Total	Amt =		
	se forward this form to President surer.	if itemized total exceed	ds \$250.00; (otherwise j	forward the form to
	rsigned state that foregoing is an ss matters for the WAPI.	itemized list of expense	s truly incur	red by me	while conducting the
bmit	ter's				
	Name & Title:				
	Signature:		Date	e	
pprov	ved by:				
oprov	Name & Title:				
oprov	_		Date	e	
	Name & Title:		Date	e	
	Name & Title: Signature:		Date	e	
	Name & Title: Signature: eceived by		Date		