



**NORTH  
CENTRAL  
CHAPTER**

# Expense Reimbursement Form

Person requesting reimbursement: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Location of purchase (Business, City, State): \_\_\_\_\_

Type of payment used:  Credit Card       Check       Cash

Amount requested for reimbursement: \_\_\_\_\_

Item Description	Quantity	Cost/Item	Cost
Total:			

Describe how these items will be used by NCCCHPS:

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

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

-----For Secretary/Treasurer use only-----

S/T Rcvd: \_\_\_\_\_ Approved by President: \_\_\_\_\_ Payment Sent: \_\_\_\_\_