SAN DIEGO PSYCHOLOGICAL ASSOCIATION

MEMBER REQUEST FOR REIMBURSEMENT

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MEMBER:

COMMITTEE:

CHAIR:

BOARD COMMITTEE LIAISON:

DATE OF EVENT/ACTIVITY:

DESCRIPTION OF EVENT/ACTIVITY:

DESCRIPTION OF EXPENSES FOR REIMBURSEMENT INCLUDING TOTAL:

(Attach Receipts and List Receipt Amounts With Total)

WERE THESE EXPENSES INCLUDED IN THE APPROVED EVENT/ACTIVITY PROPOSAL?

CHECK PAYABLE TO:

MAIL CHECK TO:

REPORT SUBMITTED BY:

CONTACT INFO:

DATE:

(Submit Form To SDPA Office Within 60 days of Expenditure)

Phone: (858) 277-1463

Fax: (858) 277-1402

sdpa@sdpsych.org