

APTA COLORADO CHAPTER Expense Reimbursement Voucher

Submit this form and all legible receipts to: aptacolorado@bill.com

Submit questions to Veda Keech, A/P: veda.keech@civicamanagement.com

Name of Submitter: _____

Indicate for each expense:

Date of Submission: _____

Date of Expense	Position, Committee, SIG, District	Reason for Expense; Details of who/why/what discussed	Vendor	Check payable to and mailing address (please print)	Amount		FOR APTA USE ONLY		
							Check #	Date Paid	Initials
<p>B. Bills must be submitted within 30 days. C. Email all bills and receipts with this voucher D. This form must be approved by your Committee Chair or Chief Delegate or per "Financial Guidelines."</p>							Total Expense Incurred		
							Advance (if any)		
							Amount Due		

signature

signature

I hereby certify that these expenses were incurred by me on behalf of the Colorado Chapter of the American Physical Therapy Association.

signature