

HAPA Reimbursement Form

Please attach all receipts/invoices

Project/Committee Name: _____

Committee Officer: _____

Description of Expenditure: _____

Vendor/Payee Name: _____

Vendor Remittance Address: _____

- Give check to Committee Officer
- Mail check to vendor

Invoice Date(s): _____ Invoice Number(s): _____

Total amount to be reimbursed: _____

Project or Committee Officer Signature _____ Date _____

HAPA Treasurer Signature _____ Date _____

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