

**HAPF EXPENSE VOUCHER for Reimbursement**

Date	Itemized expenses	Amount
		Total:

Charge to: \_\_\_\_\_  
 Committee/Officer: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

I hereby certify that the above itemized amount(s) were expensed by me for the sole purpose of budgeted expenses authorized by the HAPF Executive Board. I have not been otherwise reimbursed.

\_\_\_\_\_  
 Signature Title

\*\*\*\*\*

Print name to whom the check should be written and corresponding mailing address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Please attach all receipts and mail expense voucher with receipts to:

Julie Vowell-Ramirez  
 3407 Palm Dessert Lane  
 Missouri City, TX 77458  
[j-vowell@hotmail.com](mailto:j-vowell@hotmail.com) or (281) 832-4441