



# EXPENSE REPORT

## AND CHECK REQUEST

**RETURN TO:**

**GPACAC Treasurer**

PO Box 9274

Shawnee Mission, KS 66201

**MAKE CHECKS PAYABLE TO:**

*Please consult NACAC and GPACAC expense policies regarding reimbursement. Contact the GPACAC treasurer with any questions. Attach original receipts if applicable.*

\_\_\_\_\_  
*Name/Organization*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Phone/Email*

DATE	EXPENSE (lodging, meals, travel)	PURPOSE (meeting, conference, committee work)	TOTAL
		<b>TOTAL</b>	
		<b>Reimbursement Request</b>	

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Submitted*

**TREASURER USE ONLY**

Date Received:

Date Check Mailed:

Check Number:

Budget Year: