



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
		TOTAL	
		Reimbursement Request	

Signature

Date Submitted

TREASURER USE ONLY

Date Received:

Date Check Mailed:

Check Number:

Budget Year: