

# HAPF EXPENSE VOUCHER for Reimbursement

| Date | Itemized expenses | Amount         |
|------|-------------------|----------------|
|      |                   |                |
|      |                   |                |
|      |                   |                |
|      |                   |                |
|      |                   |                |
|      |                   |                |
|      |                   | <b>Total :</b> |

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 and mailing address of to whom the check is to be written:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please Attach All Receipts and Mail Expense Voucher with receipts to:

Sandy Lewis

5321 Bordley Dr.

Houston, Texas 77056-2323

(713) 877-1615 or [slewis@griffinpartners.com](mailto:slewis@griffinpartners.com)