

NORTHWEST ASSOCIATION OF SPECIAL PROGRAMS  
OTHER EXPENSE REIMBURSEMENT REQUEST

ORIGINAL RECEIPTS REQUIRED.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Itemized Expenses**

Date	Vender	Description	Amount

**Total Expenses Claimed:** \_\_\_\_\_

I certify that this statement, the amounts claimed and attachments are true, correct, and complete to the best of my knowledge and believe, and that the payment for the amount claimed has not been already received.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved for payment by

PD Check #