



# Grant Professionals Network of Central Florida, Inc.

## EXPENSE REIMBURSEMENT FORM

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Committee: \_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_

List items and amount for reimbursement:

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To be reimbursed, attach all receipts to this form and send with a completed, signed copy of this form to:

**Grant Professionals Network, Inc. Attn: Treasurer, P.O. Box 532051, Orlando, FL 32853-2051.**

I certify that the above expenses were incurred on behalf GPN.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Note: Reimbursement Policy**

All bills must be submitted to the Treasurer with receipts attached to the Expense Reimbursement Request form. The form must be completed and signed by member or committee representative authorized to spend the funds. **Without the receipts and the completed, signed Expense Reimbursement Request, the Treasurer cannot reimburse you. Thank you.**

ADMINISTRATIVE USE ONLY: Check # \_\_\_\_\_ Date Paid \_\_\_\_\_  
Receipts Received: \_\_\_\_\_