

LANSING AREA PATCHERS  
EXPENSE REIMBURSEMENT REQUEST

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

Expense Description: \_\_\_\_\_

\_\_\_\_\_

Is this a reimbursement for supplies used to make a charity project?

Yes       No

If yes, did you use a discount coupon to purchase your supplies?

Yes       No

Amount Requested: \_\_\_\_\_

Original Receipt must accompany all requests



For LAP Officer Use Only

Expense Approved: \_\_\_\_\_

Paid on \_\_\_\_\_

Check No. \_\_\_\_\_