NEBRASKA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE
NAHPERD

Reimbursement Form Credit Card Documentation Form
(Please Circle Appropriate Usage)

Date Submitted:_____

Board Position:_____

Activity Description: _____
_____

Pay to the order of: _____

Address_____ _____ _____ _____
Street City State Zip

INVOICES OR RECEIPTS MUST BE ATTACHED
Payment cannot be issued without receipts! ***(be sure to sign below)***

Organization/Description/Service	Amount
1._____	$_____
2._____	$_____
3._____	$_____
4._____	$_____
5._____	$_____
TOTAL:	**$_____**

_____
Signature of Person Requesting Reimbursement or Submitting Credit Card Documentation

- **Return Original**
- **Keep a Copy for Your File**

Date Paid:_____

Check #:_____
For Treasurer's Use Only

RETURN TO:
Virgie Widdowson, Treasurer
8202 So 87th St., Apt. #7
LaVista, NE 68128