Please complete this form and submit via email to chapters@nhmamd.org.
Be sure to include all the attachments requested.

**SUBMITTED BY:**

Date:

Chapter Name:
Submitted By:

**PAYEE INFORMATION**

Make check payable to:
Address:
Phone:
Email:

**REIMBURSEMENT DETAILS**

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

Please check the appropriate box and submit the invoice and receipt for payment.

* Registration Fee
* Speaker Fee
* Hotel Expenses
* Transportation
* Parking
* Meals
* Airfare
* Other

\*Please make sure that the amount being requested fits within the Chapter’s fiscal year budget.

I certify that the above charges incurred by me are correct and proper:

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

**CHAPTER LEADER APPROVAL**

Chapter Leader’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Leader’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For Office Use Only

**Received:**

## Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_