Please complete this form and submit via email to [chapters@nhmamd.org](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_