

BUDGET REQUEST & REIMBURSEMENT FORM

Name of Committee and or Person: _____

Purpose of committee or expense: _____

Proposed budget or expense request amount: \$ _____

Describe your anticipated expenses: _____

Date Submitted: _____

Submitted by: _____

Committee: _____

Chairperson Reviewed and approved as indicated by APC Officers and Board:

Approved: _____

Disapproved: _____ Reason _____