



CHECK NUMBER:	
DATE RECEIVED:	DATE MAILED:

## Request for Reimbursement or Payment

- Check One:       Advance request  
                       Reimbursement request  
                       Payment to third party

Please print all the information below, except for signature.

Name: _____	Phone: _____
Check Payable to: _____	
Address: _____ _____ _____	

ITEMIZED DESCRIPTION OF EXPENDITURE			
Date Incurred	Description and Purpose of Expenditure	Line Item	Amount
<i>NOTE: Attach original receipts or vendor invoice for all expenses.</i>		<b>TOTAL COSTS</b>	
<i>Amount to be reimbursed</i>			

**CERTIFICATION:** I hereby certify that expenses listed above were incurred while conducting business on behalf of Iowa MAEOPP and that this voucher has been submitted only to Iowa MAEOPP for reimbursement or payment consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY		
Committee Chair (if applicable) Required for Committee expenditures	Signature	Date
IA-MAEOPP President	Signature	Date
Treasurer	Signature	Date

**Submit within 45 days to:**  
 Katherine Whitsitt  
 TRiO Upward Bound  
 Northeast Iowa Community College  
 PO Box 400  
 Calmar, Iowa 52132-0400