



# H A P T A

Hawaii Chapter  
 American Physical Therapy  
 Association

1360 S. Beretania Street, Suite 301 Honolulu, HI 96814-1514

## 2008 REIMBURSEMENT/CHECK REQUEST

Date	Description of Item or Service Purchased	Exp Activity/Cte (Membership, PR, Etc)	Expense Category (postage, supplies, etc)	Amount
Please submit <b>original receipts</b> or documentation to verify the above expense(s). <b>Attach small receipts to an 8 x 11 blank sheet of paper.</b>				Total Reimbursement

Requested by: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mail to: Name: \_\_\_\_\_ Committee Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**QUESTIONS?**

**Johnna Johnson, PT MS**

Contact me at: cell (808) 398-8954

Email me at: [jjohnson@ohanapacific.com](mailto:jjohnson@ohanapacific.com)

Treasurer's Use Only		
Date Paid:	Check #:	Amount: