



FLEPIOA

Florida Law Enforcement
Public Information Officers Association

FLORIDA LAW ENFORCEMENT PUBLIC INFORMATION OFFICERS ASSOCIATION REQUEST FOR REIMBURSEMENT

TODAY'S DATE: _____

DATE OF EXPENSE: _____

AMOUNT OF REQUESTED: _____

RECEIPT(S) ATTACHED: () YES () NO

PURPOSE-BE SPECIFIC: _____

SIGNATURE: _____

ADDRESS WHERE THE CHECK SHOULD BE SENT?

WITHIN 30 DAYS YOU WILL BE REIMBURSED BY CHECK FROM THE FLEPIOA ACCOUNT. PLEASE ATTACH THE RECEIPTS.

ACCOUNTING INFORMATION

PREPARED BY: _____

APPROVED BY: _____

PROCESSED DATE: _____

CHECK RECIPIENT AND ADDRESS:

DATE CHECK SENT: _____