



**Sequoia APT Expense Reimbursement Form**  
*(Please attach receipts to the back of this form)*

**Make check payable to:** *(Please include your mailing address to allow use of bill pay service)*

**Date Submitted:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_

*Treasurer use only:*

Check Nbr: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_  
 Proc'd by: \_\_\_\_\_

**Schedule of Payments:**

**Expense Reimbursement Requests submitted the 1<sup>st</sup> - 15<sup>th</sup> will be paid on the 20<sup>th</sup>**

**Expense Reimbursement Requests submitted the 16<sup>th</sup> - 31<sup>st</sup> will be paid on the 5<sup>th</sup>**

(\*Please note it takes 3-5 business days from payment date to receive bill pay check in the mail.)

**Expenses:**

<u>Date</u>	<u>Description/Reason</u>	<u>Event/Committee</u>	<u>\$ Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continue on other side)

**TOTAL:** \_\_\_\_\_

**Sample Image of Envelope you will receive in the mail from Bill Pay:**



