Special Populations Tennis Program, Inc.
Request for Reimbursement

Person Submitting Request:_____

Date:_____

Approved By: _____

Date Paid:_____

For payment processing please mail completed form and receipts to:
Rick Klupchak
975 Adair Ave
Atlanta, GA 30306
(retain copy of receipts for your records)
Submit information electronically to:
klupchak2@comcast.net

Charge to: ____General Operations
____ Grant/Event (Name): _____

Itemized Listing of all expenses being claimed:

Expense Description	Amount	Payable to Person	Payable to Vendor
Grand Totals:			

Return Reimbursement Check To:
(Print Clearly)

Name: _____

Address: _____

City/ST/Zip: _____