Southwestern Province

Kappa Alpha Psi Fraternity, Inc.

Reimbursement Request

To: Southwestern Province Keeper of Exchequer

From:_____ email address: _____

Date: _____

Name of Payee _____

_____

Number Street

_____

City State Zip Code

Airfare:_____ $_____

Auto: _____ Miles @ .295 $_____

Lodging: _____ Night(s) @ _____ $_____

Per Diem: _____ Day(s) @ $35.00_____ $_____

Other: _____ $_____

Total Amount: $_____

Reason for Payment: *_____

_____

supporting invoice, receipts and or documentation must be attached to be considered for payment

Signature:_____

Requesting Brother

Approved by:_____ Executed by: _____

Province Polemarch Keeper of Exchequer

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