

**NATIONAL ASSOCIATION FOR THE PRACTICE OF ANTHROPOLOGY  
(NAPA)**

**REIMBURSEMENT FORM**

**Please complete and sign this form and attach receipts for reimbursements. Please refer to the NAPA Travel Reimbursement Policy (revised Fall 2012) for eligible expenses. Send the completed reimbursement request to the NAPA treasurer (see address listed below). ALL REQUESTS MUST BE RECEIVED BY WITHIN 21 DAYS from the close of conference. REQUESTS RECEIVED AFTER THAT DATE WILL NOT BE REIMBURSED.**

Date of Request:	
Name:	
Address:	
Day time Phone Number:	
Email Address	
Date of Trip or Other Activity:	
Purpose:	

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**Itemized Expenses**

Air Transportation (maximum of 50% of cost)	\$
Ground Transportation (at 100% cost); itemize if it is a mileage claim	\$
Hotel (50% for nights of meeting or other approved NAPA business only)	\$
Other Eligible Expenses (please explain and provide details)	\$
Other Eligible Expenses: (please explain and provide details)	\$
Other Eligible Expenses (please explain and provide details)	\$
<b>Total Reimbursement Due</b>	<b>\$</b>

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Please print your name

Signature

Date

Please promptly send this completed and signed form with receipts to:

Kevin Preister  
256 Sixth Street  
Ashland, Oregon 97520

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**(Accounting Use Only)**

**Budget Account No.** \_\_\_\_\_