

ERAPPA

*Eastern Region Association
of
Higher Education Facilities Officers*

SPEAKER REIMBURSEMENT FORM

CONTACT INFORMATION:

DATE:

NAME:

ERAPPA Local Chapter:

ADDRESS:

CHECK PAYABLE TO:

SPEAKER(S) INFORMATION:

SPEAKER(S) NAME:

SPEAKER(S) TOPIC:

LOCATION:

DO YOU RECOMMEND SPEAKER FOR CIRCUIT SPEAKER PROGRAM? Y or N

LOCAL CHAPER APPROVAL: _____
EDUCATION COMMITTEE REPRESENTATIVE

ERAPPA BOARD APPROVAL: _____

ATTACH INVOICES, RECEIPTS

ATTACH CANCELLED CHECK