PIE Fund Reimbursement Form

Eastern Region of APPA, Serving Educational Facilities Professionals

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Requestor	Name											
	Chapter											
	Address											
Program Information	City								State		Zip	
	Phone						Email					
	Event							Dat	es			
	Location											
	Presenter											
	Topic											
	Would you recommend this speaker to ERAPPA and other ERAPPA Chapters?											
Approvals	Chapter PD											
	Committee Approval										Date	
	Make Check Payable To											
		10										
Attachments	VP of PD A	pproval									Date	
	Attach Invoice/Receipt			Attach Cancelled Check								
	☐ Attach Program/Presenter Evaluation Summary											

Each chapter is eligible to apply once a year for PIE funds - \$2,000 per year to support their programs. To qualify for PIE funds, educational programs must occur prior to June 30th. Applications for funds must be received no later than June 30th.

Submit applications and all attachments to the VP of Professional Development

www.erappa.org