



## APT eChapter Request for Reimbursement

**Receipts / invoices must accompany requests for reimbursement.**

Mail to: Gordon Culp  
 653 Ravel Court, Las Vegas, NV 89145 USA  
 (702-360-1120 / [smithculp@aol.com](mailto:smithculp@aol.com))

APT Event	
Date of Event	
Date of Request	
Amount Due <i>(in US dollars please)</i>	
For	

**Pay to:**

Name	
Street	
City	
State / Province	
Zip / Postal Code	
Country	
Phone	
E-mail	

**Requested by:** (if different from 'Pay to' above)

Name	
Phone	
E-mail	