

**REIMBURSEMENT FORM**  
**WI Academy of Physician Assistants (WAPA)**  
**P. O. Box 1109**  
**Madison, WI 53701**  
**(608)-442-3800, FAX (608)-283-5424**

Date: \_\_\_\_\_

1. ATTACH ALL RECEIPTS.
2. Payable to: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City, State, Zip: \_\_\_\_\_
5. Purpose: \_\_\_\_\_

Expense Account	Amount	Budget Category
701110 Lodging	_____	___18521 – Spring Conf.
701120 Airfare	_____	___18522 – Fall Conf.
701150 Mileage	_____	___18525 – Member Directory
701200 Reg. Fees	_____	___18526 – Member Services
701210 Bus. Entertain.	_____	___18527 – Constitution/Bylaws
701230 Conf Mtg Food	_____	___18528 – Audit
701250 Space Rental	_____	___18530 – Corp. Relations (CAP)
701545 Telephone	_____	___18531 – Board
701570 Postage	_____	___18532 – Exec Committee
701600 Printing	_____	___18533 – Finance Comm.
701610 Copier	_____	___18534 – Legislative Comm.
701613 Desktop Pub.	_____	___18535 - CME
701635 Ofc Supplies	_____	___18536 – Exec Vice President
701720 Assoc. Dues	_____	___18541 - Newsletter
701741 Bod Mtg Expense	_____	___18542 - WEB
701791 Insurance Exp	_____	___18543 – Nominations/Elections
701820 Equipment Rental	_____	___18545 – General Admin.
703140 Speaker Exp	_____	___18550 – President’s Project
703140 Speaker Exp	_____	___18551 – Public Relations
703145 Speaker Hon	_____	___18552 – Strategic Planning
703245 Outside Services	_____	___18555 – Diversity Committee
703268 Staff Services	_____	___18572 – AAPA Related
701915 Miscellaneous	_____	___18573 – Professional Practice
703249 Awards	_____	
<b>TOTAL EXPENSE</b>	_____	

Invoice No.	Date of check	Check No.	Total \$
_____	_____	_____	_____

Invoice Date  
 \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature