



Vietnam Veterans of America Chapter 392, Portland Metro

## **Expense Reimbursement / Invoice Payment Procedure**

*The Request for Reimbursement / Payment Form (RRP) is to be used for obtaining reimbursement for purchases made on behalf of the chapter and for approval of invoices sent directly to chapter.*

1. Submitter should fill out the following fields on the chapter RRP Form:
  - 1.1. Submitter Name, Title/Position, signature and date of submittal
  - 1.2. Payee Name, Address, City, State and Zip Code fields. These are for where check should be sent
2. Submitter should obtain signature of Officer authorizing purchase. *(If possible, this should be obtained prior to actual purchase)*
3. Submitter must attach copies of all receipts for items to be reimbursed. *Receipts should be in the form of invoices or printed receipts from vendor.*
4. Submitter should submit completed form with receipts to Treasurer.
5. Treasurer reviews completed form and checks it for accuracy and validity. Submitter is contacted if there are any questions.
6. Treasurer (or another officer) approves and signs form authorizing payment after verification check.
7. Treasurer prepares check for reimbursement. Two signatures are required for all checks.
8. Treasurer records check number and date on form (and invoice, if applicable).
9. Treasurer mails or delivers check to payee.
10. Treasurer files completed form with attachments.



Vietnam Veterans of America Chapter 392, Portland Metro  
7600 S E Johnson Creek Blvd - Portland, OR 97206

## REQUEST FOR REIMBURSEMENT/PAYMENT

*This form is to be used for obtaining reimbursement for purchases made on behalf of the chapter and for approval of invoices sent directly to the chapter.*

Submitted by: \_\_\_\_\_  
(Please Print) Position/Title

Submitter Signature: \_\_\_\_\_  
Date of Request

Authorized by: \_\_\_\_\_  
Officer Signature Date Authorized

Itemized Expenses: *(please attach copies of all receipts/invoices for each item listed)*

___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
Total:		\$ _____

Payee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Approved for Payment: \_\_\_\_\_  
(Officer Signature) Officer Position

Treasurer use: Paid by Check Number # \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_