



**Arizona Association for Marriage and Family Therapy
Request for Reimbursement Form**

Submit to:

**AzAMFT TREASURER
Karen Gage
4747 E. Elliot Road, #29-597
Phoenix, AZ 85044-1629**

DATE: _____

CHECK TO BE WRITTEN TO: _____

ADDRESS: _____

CHECK TOTAL AMOUNT: _____ (PLEASE ADD UP RECEIPTS)

COMMITTEE or ACTIVITY: _____

CHECK CATEGORY, INDICATE AMOUNT, AND ATTACH RECEIPTS:

- Printing and Copying \$ _____
- Postage \$ _____
- Telephone \$ _____
- Supplies \$ _____
- Meals \$ _____
- Meeting Rooms \$ _____
- Other (specify) \$ _____ (_____)

OTHER INFORMATION: _____

(AzAMFT Treasurer Use)

CHECK NO: _____ DATE PAID: _____ AMOUNT PAID: _____