



## Local Chapter Quarterly Meeting Report

### Meeting Reimbursement Request

Chapter ID# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
(Officer)

Requesting reimbursements for the three (3) following AAPC approved chapter meetings:

1. \_\_\_\_\_ A APC Members Attending \_\_\_\_\_  
(mmddyy) (Catalog Number)
  2. \_\_\_\_\_ A APC Members Attending \_\_\_\_\_  
(mmddyy) (Catalog Number)
  3. \_\_\_\_\_ A APC Members Attending \_\_\_\_\_  
(mmddyy) (Catalog Number)
- Total \_\_\_\_\_

\$1 x Total AAPC Members Attending = Expecting Meeting Rebate \$ \_\_\_\_\_

### Did you...

☐ Enter the correct local chapter ID #?

☐ Verify AAPC members?

☐ Submit quarterly?

☐ Attach AAPC sign-in sheets?

(due in office April 15, July 15,  
October 15, January 15)

☐ Keep a copy for your records?

### Quarterly Honorarium Report (Not reimburseable)

Did you pay Speaker Honorarium(s)? If yes, please fill in below:

Date	Speaker Name	Phone #	Email	Amount Paid	Presented as:
_____	_____	_____	_____	_____	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Gift Card
_____	_____	_____	_____	_____	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Gift Card
_____	_____	_____	_____	_____	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Gift Card

### For chapter use *only*

Reimbursement of \$ \_\_\_\_\_ was received from AAPC on \_\_\_\_\_.

PLEASE RETURN TO:

AAPC Local Chapter Department

2480 South 3850 West, Suite B, Salt Lake City, Utah 84120

800-626-CODE (2633) • Fax 801-236-2258 • localchapters@aapc.com