



MILITARY ORDER OF THE PURPLE HEART AUXILIARY
REQUEST FOR REIMBURSEMENT OF ADMINISTRATIVE EXPENSES

PURPOSE OF REQUEST _____

Name & Title _____

Postage	\$ _____	
Printing	\$ _____	(Multiple copies must be approved)
Stationary	\$ _____	(Business cards NOT reimbursed expense)
Stipend	\$ _____	Membership Off <input type="checkbox"/> Sec <input type="checkbox"/> Treas <input type="checkbox"/> Month _____
Store Items	\$ _____	(Jewelry, patches, etc.)
Supplies	\$ _____	(Office)
Total	\$ _____	

I affirm that the expense reimbursement form and receipts are accurate and legitimate expenses incurred within the **Guidelines** of my position.

Signature of requester _____

Address _____

Phone _____ Email _____

Mail to: MOPHA National Secretary
1231 - 13th Street SE
Massillon, OH 44646

Only the following list of Officers are eligible to use this form:

National President, National Sr. Vice President, National Jr. Vice President, National Membership Officer, National Secretary, National Treasurer, National Chaplain, VAVS/SWR and other Officers upon approval of the National President. *Tape the original receipts to 8½ X 11 separate sheets of paper and attach them to this form before mailing. All receipts must be submitted within 30 days of purchase.*

National Secretary(signature) Date

National President (signature) Date

National Treasurer(signature) Date

National Sr. Vice President (signature - as needed) Date

WARRANT/CHECK # _____ GENERAL LEDGER _____ CHECK AMT \$ _____