



FISCAL SPONSOR AFFILIATE ACCOUNT  
PAYMENT/REIMBURSEMENT REQUEST

AFFILIATE NAME \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_ PREPARER: \_\_\_\_\_

Vendor	Expense	Amount
		\$

MEMO (Purpose of expense): \_\_\_\_\_

Made checks payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Affiliate Approval**

- Rejected
- Approved

Comments:

**ASPSF Approval**

- Rejected
- Approved

Comments:

\_\_\_\_\_  
Treasurer/Chairperson                      Date

\_\_\_\_\_  
Executive Assistant                              Date

**\*\* Copy of invoice or receipt must be attached.**

**MAIL, FAX, OR EMAIL TO:**  
Pat Schram, ASPSF Executive Assistant  
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