



Military Order of the Purple Heart Auxiliary Request for Reimbursement of Administrative Expenses

Purpose of Request: _____

Name and Title: _____

Postage	_____	
Printing	_____	(Multiple copies must be approved)
Misc.	_____	(subject to approval by National President)
Stipend	_____	___ Membership Officer ___ Treasurer ___ Secretary
Store Items	_____	(Jewelry, patches, etc.)
Supplies	_____	(Office)
Annual	_____	(subscriptions/renewals, pay with Treasurer's debit card)
Total	_____	

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

Signature of Requestor _____

Address _____

Phone _____ Email _____

Mail or email to: MOPHA National Secretary,
or
MOPHANATSEC@gmail.com

National Officers eligible to use this form: National President, National Senior Vice President, National Junior Vice President, National Membership Officer, National Secretary, National Treasurer, National Chaplain, VAVS National Representative or other Officers upon approval of the Nat'l President.

Tape original receipts to 8.5 x 11 separate sheets of paper and attach to this form before mailing, or upload receipts as pdf with form if submitting electronically. All receipts must be submitted within 30 days of purchase.

Nat'l Secretary Signature _____ Date _____

Nat'l President Signature _____ Date _____

Nat'l Treasurer Signature _____ Date _____

Nat'l Senior Vice President _____ Date _____

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