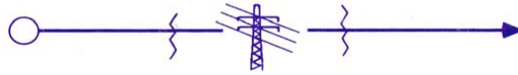




**AMERICAN POWER DISPATCHERS ASSOCIATION INC.**  
*System Operators*

GENERATION — TRANSMISSION — DISTRIBUTION



**NATIONAL BOARD  
REQUEST FOR REIMBURSEMENT**

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

Date of Expense: \_\_\_\_\_ Total Reimbursement: \$ \_\_\_\_\_

Business Purpose(s):  
\_\_\_\_\_  
\_\_\_\_\_

*By entering my name in the "signature" field of this document I certify that the requested reimbursement covers only those expenses incurred for the aforementioned business purpose.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Submit request to:**

**APDA National Treasurer  
c/o Bob Geiger  
14327 Krueger Rd  
Two Rivers, WI 54241-9643**

**For National Treasurers Use Only**

**Date paid: \_\_\_\_\_ Ck #: \_\_\_\_\_ National Treasurer**