

**Association of Psychologists  
of Nova Scotia**

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**Reimbursement Form**

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

(Please Print Clearly)

**Policy:** APNS will reimburse all reasonable expenses incurred while carrying out business on behalf of APNS which have previously been authorized by the APNS Executive Committee and which are submitted in line with the established reimbursement procedures. All monies collected under the auspices of APNS must be submitted to the office for a full accounting, after which reimbursements will be made.

**Procedures:** This form must be completed in full and signed by an authorized APNS member. Executive committee members with signing authority must sign expense forms submitted by other members of the executive committee and representatives/liasons. Committee chairs must authorize all expenses incurred by committee members and sign all reimbursement forms submitted on behalf of the committee or committee members.

Original receipts must be submitted with the completed reimbursement form. If requested, the original receipt will be returned with the amount reimbursed by APNS indicated on the receipt. A copy of the original receipt must be retained by APNS. All requests for reimbursement should be submitted to the office within the appropriate fiscal year (April-March), *preferably within 30 days of the expense and no later than 90 days*. March expenses may be submitted through April 30 of the subsequent fiscal year.

If you have any questions, please contact the APNS office or your committee chair.

<b>Name and address of claimant:</b> _____ _____ _____	<b>Forward Payment to:</b> _____ _____ _____
<b>Phone:</b> _____	<b>Email:</b> _____

<b>Account #</b> <small>(office use only)</small>	<b>Expense type</b> <small>e.g. operating or activity/project (name activity/project)</small>	<b>Description</b> <small>e.g., postage, meals, copying, supplies, airfare, etc.</small>	<b>TOTAL</b>
			\$
<b>TOTAL</b>			\$

<b>Claimant Signature</b> _____	<b>Date:</b> _____
<b>EC Member/Committee Chair Signature</b> _____	<b>Date:</b> _____
<b>APNS Authorization</b>	
<b>Name:</b> _____	<b>Signature:</b> _____
<b>Date:</b> _____	<b>Cheque #:</b> _____ <b>Amount:</b> \$ _____