

SWAPLA Reimbursement Form

Date _____

Amount Requested _____

Dates Expenses Incurred _____

Expense Purpose _____

Make Check Payable to: _____

Send check to this address: _____

Please email this form and a scanned copy of your receipts to:

barbara.kirby@utdallas.edu

Please contact me if there are any questions or concerns regarding the reimbursement. Thank you for your patience.

Barbara Kirby
SWAPLA Treasurer
P.O. Box 822445
Dallas TX 75382
972-883-6712